

FILED - JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2244**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1mo. 10d.		STREET ADDRESS (If rural, give location) 8mi. S. E. Sedalia, Route #20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HENRY c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1956
-----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 80	IF UNDER 2 HRS. Hours 0 Min. 40
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------------------------------	-----------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Otterville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME John Brown	13b. MOTHER'S MAIDEN NAME Malinda Waincott	14. NAME OF HUSBAND OR WIFE Josie Anderson Brown
--------------------------------------	---------------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. A. Gerard	ADDRESS St. Louis, Mo.
-----------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary and peripheral emboli		2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma following auto accident		5 weeks
DUE TO (c) Multiple fracture right thorax		5 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of patella surgically repaired		5 weeks	

19a. DATE OF OPERATION Dec 18, 1955	19b. MAJOR FINDINGS OF OPERATION Fracture rt. patella. Avulsion of lateral ligament of knee	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------------	----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUGGESTED HOME/ROAD (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Chick Road near Sedalia Mo.	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) 8234 086 Pettis Mo.	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 13 55 Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto left road over embankment	

22. I hereby certify that I attended the deceased from **12-18, 1956**, to **1-23, 1956**, that I last saw the deceased alive on **1-23, 1956**, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. K. Edwards	(Degree or title) M.D.	23b. ADDRESS Sedalia Mo.	23c. DATE SIGNED 1-23-56
-------------------------------------	-------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Pettis Co., Mo.
---------------------------------------------------------	----------------------------	--------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 1-24-56	REGISTRAR'S SIGNATURE James Corry, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Beckart	ADDRESS Sedalia, Mo.
-----------------------------------------	--------------------------------------------------	-------------------------------------------------------	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

QUESTIONS—GENERAL HOME

RECEIVED
FEB 8 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell C. Mat...*

Licensed Embalmer No. *480*

P. O. Address *Sedalia,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.