

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

450003

STATE FILE NUMBER

Registration District No.

18

Primary Registration District No.

5686

Registrar's No.

35

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn Mo</u>		c. CITY OR TOWN <u>Linn Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
3. NAME OF DECEASED (Type or print) <u>THOMAS</u> First <u>Rossuth</u> Middle <u>Brown</u> Last		4. DATE OF DEATH <u>DEC 11, 1957</u> Month <u>DEC</u> Day <u>11</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Linn Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Washington Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Cassaraanda Fore</u>	
14. NAME OF HUSBAND OR WIFE <u>Lola (Smith) Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>35497-40-6164</u>		17. INFORMANT <u>Lola Brown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) <u>30 min.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour <u>5</u> Month, Day, Year <u>DEC 11, 1957</u> a.m. <u>P.</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5</u>		20f. CITY, TOWN, OR LOCATION <u>Linn Mo.</u>	
21. I attended the deceased from <u>APRIL 21, 1956</u> to <u>Dec 11, 1957</u> and last saw him alive on <u>Dec 10, 1957</u> Death occurred at <u>5 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Denton Wilson</u>	
22b. ADDRESS <u>Linn Mo.</u>		22c. DATE SIGNED <u>12-12-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>DEC 13-1957</u>	23b. DATE <u>DEC 13-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>G.O.O.F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>
24. FUNERAL DIRECTOR <u>J.B. Brothers</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 13-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Becky Heller</u>		27. REGISTRAR'S NAME <u>Linn Mo.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *J. B. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Meadville, Pa.*

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.