

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046875

STATE FILE NUMBER

FILED DEC 16 1958

Registration District No.

323

Primary Registration District No.

4478

Registrar's No.

88

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lancaster</b>		c. CITY OR TOWN <b>Lancaster</b> 6990	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>		d. STREET ADDRESS (If outside, give location) <b>home</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Allen</b> Last <b>Brown</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 17, 1869</b>
9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Month <b>11</b> Day <b>17</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	
13a. FATHER'S NAME <b>Hiram Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Perlina Reed</b>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		15. SOCIAL SECURITY NO. <b>4201</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Decompensated heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
17. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>	
19. TIME OF INJURY Hour <b>7</b> Month, Day, Year <b>11-55</b>		20. CITY, TOWN, OR LOCATION <b>Lancaster, Mo.</b>	
21. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lancaster, Mo.</b>	
23. I attended the deceased from <b>10-7-58</b> to <b>12-6-58</b> and last saw <sup>her</sup> him alive on <b>12-6-58</b> Death occurred at <b>11:55</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.		24. SIGNATURE (Degree or title) <b>W.R. Stokes, D.O. 2</b>	
25. ADDRESS <b>Lancaster, Mo.</b>		26. DATE SIGNED <b>12-8-58</b>	
27. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		28. DATE <b>Dec 8, 1958</b>	
29. NAME OF CEMETERY OR CREMATORY <b>Lancaster I.O.O.F.</b>		30. LOCATION (City, town, or county) (State) <b>Lancaster, Missouri</b>	
31. FUNERAL DIRECTOR <b>Norman Funeral Home, Lancaster</b>		32. DATE RECD. BY LOCAL REG. <b>Dec. 8-1958</b>	
33. REGISTRAR'S SIGNATURE <b>W.R. Stokes</b>		34. REGISTRAR'S SIGNATURE <b>W.R. Stokes</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Novale Foster  
Licensed Embalmer No. 4742  
P. O. Address Fukmills

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.