

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010673

FILED VS. APR. 11 1960

137 Primary Registration District No. 3023 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>all Life</b>	c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>121 N. Second St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>106 E. Clinton St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LAWRENCE</b> Middle <b>WESLEY</b> Last <b>BROWN</b>			4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/25/81</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturing</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Fireworks</b>	11. BIRTHPLACE (City and state or country) <b>Henry Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Harry P. Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Samantha Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Brown (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give was or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Herbert D. Brown, Clinton, Missouri</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental Burn - Severe &amp;</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Explosion of building in which</b>	
	DUE TO (c) <b>above was working</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Working in building which caught fire resulting</b>
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20c. TIME OF INJURY Hour <b>4</b> p.m. Month, Day, Year <b>4 4 60</b>	<b>in rapid order multiple explosions</b>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>OFFICE-FACTORY</b>	20f. CITY, TOWN, OR LOCATION <b>CLINTON</b>	COUNTY <b>HENRY</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **MAY 1956** to **7-20-59** and last saw him alive on **4-4-60**  
Death occurred at **approx. 8:55 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>W.D. Bushaw, M.D.</b>	22b. ADDRESS <b>Henry C. Brown Clinton, Mo.</b>	22c. DATE SIGNED <b>4-5-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	23d. LOCATION (City, town, or county) <b>Clinton, Missouri</b>
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24. FUNERAL DIRECTOR <b>CONSALUS</b>	ADDRESS <b>Clinton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 5, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Biguen</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1960  
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

NOT EMBALMED

Signed Eugene R. Consal

Licensed Embalmer No. 4680

P. O. Address Clinton, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.