

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0006257

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 60

FILED MAR 7 1966

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Deepwater</u>		Length of stay in 1b <u>2 years</u>	c. CITY OR TOWN <u>Deepwater</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deepwater Residence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>No Address in Deepwater</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>R.</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>February</u> Day <u>26</u> Year <u>1966</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trash Hauler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRASH</u>	9. AGE (last birthday) <u>50</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Brownington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Leota Raney</u>	
14. NAME OF HUSBAND OR WIFE <u>Sandra 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>509-16-2630</u>		17. INFORMANT <u>Sandra Brown Deepwater, Mo.</u> Address	
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>Sunshot wound of the head</u> DUE TO (b) <u>with fracture of the cervical</u> DUE TO (c) <u>spine</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by wife at home</u>	
20c. TIME OF INJURY Hour <u>10</u> p.m. Month, Day, Year <u>2-26-66</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		20f. CITY, TOWN, OR LOCATION <u>Deepwater</u>	COUNTY <u>Henry</u> STATE <u>Mo</u>
21. I attended the deceased from <u>unattended</u> to _____ and last saw her/him alive on _____ Death occurred at <u>approx 10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Richard H. Keen M.D</u> (Degree or title) <u>Henry County</u> coroner		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	22c. DATE SIGNED <u>2-27-66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 1, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Goodhope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Henry County, Missouri</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels</u>		25. DATE RECD BY LOCAL REG. <u>2-28-66</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigione</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 RE Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. Ford

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.

Permit Obtained 2-28-66
MB