

FILED FEB 13 1969

124

69-002690

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 1
10a. 44
10b.
11. 0
12. 1
13. + 575X
14.
15. 1
16.
17.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4.05-95

5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.05-95

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 39

DECEASED—NAME FIRST MIDDLE LAST 1. <i>Nellie Imogene Brown</i>		SEX 2. <i>Female</i>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <i>Jan. 30, 1969</i>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <i>White</i>	AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS 5b. <i>44</i> 5b. <i>3</i> 5b. <i>28</i>	UNDER 1 DAY HOURS MIN. 6. <i>Oct. 2, 1924</i>	DATE OF BIRTH (MONTH, DAY, YEAR) 7. <i>Livingston</i>
CITY, TOWN, OR LOCATION OF DEATH 7b. <i>Chillicothe</i>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <i>Yes</i>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <i>City Hospital</i>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. <i>Missouri</i>	CITIZEN OF WHAT COUNTRY 9. <i>USA</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <i>Married</i>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <i>Herb Brown</i>
SOCIAL SECURITY NUMBER 12. <i>495-26-0407</i>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b. <i>Housewife</i>	KIND OF BUSINESS OR INDUSTRY 13c. <i>Home</i>	
RESIDENCE—STATE 14a. <i>Missouri</i>	COUNTY 14b. <i>Livingston</i>	CITY, TOWN, OR LOCATION 14c. <i>Chillicothe</i>	STREET AND NUMBER 14d. <i>601 Webster</i>
FATHER—NAME FIRST MIDDLE LAST 15. <i>Raymond Bagley</i>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <i>Sylvia Sandlin</i>		
INFORMANT—NAME 17a. <i>Herbert Brown</i>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <i>601 Webster Chillicothe, Missouri</i>	
PART I. DEATH WAS CAUSED BY 18. IMMEDIATE CAUSE (a) <i>Cardio-Pulmonary Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Localixed peritonitis and fat necrosis</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>cholecystectomy & choledochoduodenotomy</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>2 Month</i> <i>2 month</i>	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY (YES OR NO) 19a. <i>yes</i>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <i>yes</i>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 21b. <i>12/3/68</i>	TO 21c. <i>1/30/69</i>	AND LAST SAW HIM/HER ALIVE ON 21d. <i>1/30/69</i>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21e. <i>1/30/69</i>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED 22a.		HOUR OF DEATH 22b.	THE DECEDENT WAS PRONOUNCED DEAD 22c.
CERTIFIER—NAME (TYPE OR PRINT) 23a. <i>Roger Fraser D.O.</i>	SIGNATURE 23b. <i>Roger Fraser D.O.</i>	DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. <i>1/31/69</i>
MAILING ADDRESS—CERTIFIER 23e. <i>415 B. Park Lane Chillicothe, Missouri</i>	STREET OR R.F.D. NO. 23f.	CITY OR TOWN 23g.	STATE 23h.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <i>Burial</i>	CEMETERY OR CREMATORY—NAME 24b. <i>Purdin</i>	LOCATION 24c. <i>Purdin, Missouri</i>	CITY OR TOWN 24d.
DATE 24e. <i>Feb. 2, 1969</i>	FUNERAL HOME—NAME AND ADDRESS 24f. <i>M. Lindley Funeral Home Chillicothe, Missouri</i>	STREET OR R.F.D. NO. 24g.	CITY OR TOWN 24h.
FUNERAL DIRECTOR—SIGNATURE 25a. <i>[Signature]</i>	REGISTRAR—SIGNATURE 25b. <i>Mildred D. Kelt</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <i>Feb. 10, 1969</i>	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

FEB 28 1969

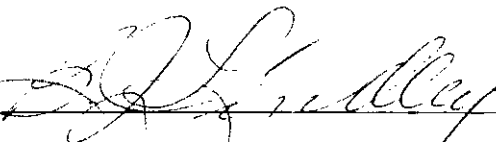
MAR 7 1969

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



Licensed Embalmer No.

4822

P. O. Address

Chillicothe, Missouri

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.