

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12031

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>393</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>8 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain Grove</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>207 Ash Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Le Roy</u>			b. (Middle) _____		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-17-94</u>		9. AGE (in years last birthday) <u>54</u>	10. # UNDER 1 YEAR <u>5</u>	11. # UNDER 28 HRS. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Mt. Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Mitchel Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Baney</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clinical Recrds</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION TUBERCULOSIS, PULMONARY, FAR ADVANCED ACTIVE.					INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) — ACTIVE.							
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
	DUE TO (b) _____							
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS <u>COR PULMONALE. EPIDIDYMITIS, TUBERCULOUS, BILATERAL. PROSTATITIS, TUBERCULOUS</u>							
	Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no 2x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <u>April 23, 1949</u> , to <u>May 1, 1949</u> , that I last saw the deceased alive on <u>May 1, 1949</u> , and that death occurred at <u>11:42 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul L. Eisele, M.D.</u>				23b. ADDRESS <u>O'Reilly VAH, Springfield, Mo.</u>		23c. DATE SIGNED <u>5-2-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-2-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Landry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharpf Funeral Home, Inc.</u> <u>Springfield, Missouri</u>				

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.

Signed Lewis G. Schaff

Signed _____
Student Embalmer

Licensed Embalmer No. 38102

P. O. Address Springfield, Mo.

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 this body is not embalmed, fact should be so stated above.