

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26679

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5463		Registrar's No. 700			
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>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Jackson Twp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Jackson Twp</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Fair Grove Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Fair Grove Rt. 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> b. (Middle) <u>W.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Dec. 6 1859</u>			
9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Greene Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Narvel Brown</u>		ADDRESS <u>Fair Grove Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2-Years</u> <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>June 1</u> , 19 <u>49</u> , to <u>Aug 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>49</u> , and that death occurred at <u>3:15pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURES (Name or title) <u>Max J. O. M. O.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>8-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Bluff</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi. N. of Fair Grove</u>			
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>J. W. Klingner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side) A.S.J.

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

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 _____

Ogle Stone Jr

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4176

P. O. Address _____

Springfield

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.