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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30799

FILED SEP 26 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Vasper</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 township) OR TOWN <u>RURAL-JOPLIN TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>925 E. Lombard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR#1 Webb City, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorene</u> b. (Middle) <u>Gloria</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 / 9 / 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 11 - 1911</u>		9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>			11. BIRTHPLACE (State or foreign country) <u>Huron S. Dakota</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Steve R. Mallon</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Price</u>			14. NAME OF HUSBAND OR WIFE <u>Burdette Brown</u>		
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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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Steve R. Mallon</u>		ADDRESS <u>RR#1 Webb City, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of cervix</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>? years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 9, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept 9, 1949, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. M. Jorgensen M.D.</u>		23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>9/11/49.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
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DATE REC'D BY LOCAL S. EPT. 11; 1949.		REGISTRAR'S SIGNATURE <u>P. J. Pritchett M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lehmyer</u>		ADDRESS <u>Springfield, Mo.</u>	
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45. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-19-49

Jasper County Health Office

County File Number 49-9-713

Date Filed 9-24-49

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 .....

Student Embalmer

Signed *Walter E. Hamella* .....

Licensed Embalmer No. *3808* .....

P. O. Address *Springfield, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

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