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FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33625

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 915

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Rural Springfield	
c. LENGTH OF STAY (In this place) 35 years		d. STREET ADDRESS (If rural, give location) 316 Homewood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 Homewood Avenue		N. Campbell	

3. NAME OF DECEASED (Type or Print) a. (First) KATE b. (Middle) B. c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) 10 18 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 13 Jan. 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	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) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Burksville, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James P.K. Bridges	13b. MOTHER'S MAIDEN NAME Mary E. Short	14. NAME OF HUSBAND OR WIFE Willis E. Brown
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Berrah B. Brown, Springfield, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombotic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Dilatation DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Sept 27, 1949**, to **Oct 18, 1949**, that I last saw the deceased alive on **Oct 17, 1949**, and that death occurred at **6:24 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Sullivan, M.D.	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 10/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 18/Oct/1949	24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery	24d. LOCATION (City, town, or county) (State) Buffalo, Missouri
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DATE REC'D BY LOCAL REG. 10-19-49	REGISTRAR'S SIGNATURE W. S. Standley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thomas, Springfield, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *Ralph H. Thiene*.....

Licensed Embalmer No. 3681

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.