

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37720

190

BIRTH NO. _____		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 5578	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg		c. LENGTH OF STAY (in this place) 36	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN TWP-RURAL		d. STREET ADDRESS (If rural, give location) 1226 McKinley		
3. NAME OF DECEASED (Type or Print) Elmer		a. (First) Scott	b. (Middle) Brown	c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Feb 8, 1913	9. AGE (In years last birthday) 36
			IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Florence Colorado	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Scott Brown		13b. MOTHER'S MAIDEN NAME Cora Craig	14. NAME OF HUSBAND OR WIFE Goldie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 500-06-9165	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Brown, 1226 McKinley Joplin Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull		II. OTHER SIGNIFICANT CONDITIONS		9165 4
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental mine explosion DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lead & Zinc Mine	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Duenweg Jasper Mo.	
21d. TIME (Month) (Day) (Year) OF INJURY Nov 12, 1949		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Mine Explosion, Powder 44
22. I hereby certify that I attended the deceased from Did Not Attend _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:42P.m., from the causes and on the date stated above.				
23a. SIGNATURE Woodruff Webb		(Degree or title) 3	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 11-19-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 15, 1949	24c. NAME OF CEMETERY OR CREMATORY Saginaw	24d. LOCATION (City, town, or county) (State) Saginaw Missouri
DATE REC'D BY LOCAL REG. NOV. 15, 1949		REGISTRAR'S SIGNATURE J. L. Antreine		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.

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

RECEIVED 11-23-49
Jasper County Health Office

County File Number 49-11-884

Date Filed 11-25-49

DEC 8 1949

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.