

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23266 Registrar's No. 672

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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) OR TOWN **Springfield** c. LENGTH OF STAY (In this place) **75 yrs**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**

d. FULL NAME OF HOSPITAL OR INSTITUTION **832 South Avenue** d. STREET ADDRESS (If rural, give location) **832 South Avenue**

3. NAME OF DECEASED (Type or Print)
a. (First) **James** b. (Middle) **Quinn** c. (Last) **Brown**

4. DATE OF DEATH (Month) (Day) (Year) **July 28, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 25, 1864** 9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Bookstore Operator** 10b. KIND OF BUSINESS OR INDUSTRY **Owned Book Store** 11. BIRTHPLACE (State or foreign country) **Perry, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John White Brown** 13b. MOTHER'S MAIDEN NAME **Ellen R. Cleveland** 14. NAME OF HUSBAND OR WIFE **Orlena Callaway Brown**

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 **Mrs. Orlena Callaway Brown** ADDRESS **Springfield, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
ANTECEDENT CAUSES **Arteriosclerosis**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **332X**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7/15**, 19**50**, to **7/28**, 19**50**, that I last saw the deceased alive on **7/23**, 19**50**, and that death occurred at **3:50A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Orlena Callaway MD** 23b. ADDRESS **Springfield Mo** 23c. DATE SIGNED **7/30/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 30, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Hazelwood Cemetery** 24d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

DATE REC'D BY LOCAL REG. **8-2-50** REGISTRAR'S SIGNATURE **W E Handley** 25. FUNERAL DIRECTOR'S SIGNATURE **Alma Schmeyer** ADDRESS **Springfield, Mo**

(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.

Signed Lee Mason

Signed.....
Student Embalmer

Licensed Embalmer No. 4568

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.