

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36670

396

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1042

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		d. STREET ADDRESS (If rural, give location) <u>732 S. NEW</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>732 S. NEW</u>		d. STREET ADDRESS (If rural, give location) <u>732 S. NEW</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>T.</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2 MARCH 1876</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work, if during most of working life, even if retired) <u>REAL ESTATE DEALER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES H. BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA LOGAN</u>	
14. NAME OF HUSBAND OR WIFE <u>MOLLIE BROWN</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 ADDRESS <u>MOLLIE BROWN S.P.E.D. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>Rheumatic fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal excreta</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
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) <u>Springfield, Greene, Mo.</u>	
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?		22. I hereby certify that I attended the deceased from <u>Apr. 1946</u> to <u>Nov 25, 1950</u> , that I last saw the deceased alive on <u>Nov 20, 1950</u> , and that death occurred at <u>8:05 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. E. Handley</u>		23b. ADDRESS <u>1009 Cherry St</u>	
23c. DATE SIGNED <u>Nov 25, 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINDLEY PRAIRIE CEME.</u>	
24d. LOCATION (City, town, or county) (State) <u>CEDAR COUNTY Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Keingner & Co. Spfld. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-25-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	

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 _____

Max Rhodes

Signed _____

Student Embalmer

Licensed Embalmer No. 4071

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.