

STANDARD CERTIFICATE OF DEATH

State File No. **8133**

FILED APR 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5467** Registrar's No. **280**

**1. PLACE OF DEATH**  
 a. COUNTY **Greene**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Willard**  
 OR TOWN **Rural-2nd Robberson**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Rt. 2 Willard**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Greene**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Willard**  
 OR TOWN **Rural- 2nd Robberson 0396**  
 d. STREET ADDRESS (If rural, give location) **Rt. 2 Willard**

**3. NAME OF DECEASED**  
 a. (First) **Edmond** b. (Middle) **M.** c. (Last) **Brower**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Mar. 26 1951**

**5. SEX** **Male**  
**6. COLOR OR RACE** **White**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Widowed**

**8. DATE OF BIRTH**  
**Nov 8 1867**

**9. AGE** (In years) (last birthday) **83**  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Ret. Farmer**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**Farming**

**11. BIRTHPLACE** (State or foreign country)  
**Nebraska**

**12. CITIZEN OF WHAT COUNTRY**  
**USA**

**13a. FATHER'S NAME**  
**Unknown**

**13b. MOTHER'S MAIDEN NAME**  
**Unknown**

**14. NAME OF HUSBAND OR WIFE**  
**Deceased**

**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.**  
**NA**

**17. INFORMANT'S SIGNATURE OR NAME** **P. G. Brower**  
**ADDRESS** **Rt. 2 Willard**

**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) **Cardio-renal-vascular disease**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** \_\_\_\_\_  
**DUE TO (c)** \_\_\_\_\_

**INTERVAL BETWEEN ONSET AND DEATH**  
**442 X**

**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 Aug 19 50 to 3-18 1951, that I last saw the deceased alive on 3-18 1951 and that death occurred at 8:30 a. m., from the causes and on the date stated above.**

**23a. SIGNATURE** *[Signature]* (Degree or title) **M.D.**

**23b. ADDRESS** **Springfield, Mo.**

**23c. DATE SIGNED** **3-27-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**Burial**

**24b. DATE** **3-28-51**

**24c. NAME OF CEMETERY OR CREMATORY** **Robberson Prairie**

**24d. LOCATION** (City, town, or county) (State)  
**8mi. North of Springfield**

**DATE REC'D BY LOCAL REG.** **3-27-51**

**REGISTRAR'S SIGNATURE** *[Signature]*

**25. FUNERAL DIRECTOR'S SIGNATURE** **J. W. Klingner & Co.**  
**ADDRESS** **Springfield**

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 \_\_\_\_\_

*May Rhodes*

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.