

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37015

State File No. \_\_\_\_\_

FILED DEC 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5459</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0390</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>R. R. Walnut Grove</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove, Mo. R. R.</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				3. NAME OF DECEASED a. (First) <u>RENNIE</u> b. (Middle) <u>VEARL</u> c. (Last) <u>BROWER</u>			
4. DATE OF DEATH <u>11-24-51</u>		5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 16, 1889</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>R. R. 1 Willard Mo. 0</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>W. S. BROWER</u>	
13b. MOTHER'S MAIDEN NAME <u>DELL TROGDON</u>		14. NAME OF HUSBAND OR WIFE <u>UTHELA BROWER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>UTHELA BROWER</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>(1) MEDICAL CERTIFICATION</u> <u>(2) Chronic nephritis</u>		19. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____		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 <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>Feb</u> <u>1949</u> to <u>Nov 11</u> <u>1951</u> , that I last saw the deceased alive on <u>Nov 24, 1951</u> , and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>W. S. Brown M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>11-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/8/51</u>		REGISTRAR'S SIGNATURE <u>D. M. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erin - Daniel Funeral Home</u>		ADDRESS <u>2nd Street</u>	

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

Health Office,  
County \_\_\_\_\_ 51-12-69  
Date Filed \_\_\_\_\_ 12-10-51

NOV 8 1951

MAR 1 1951

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 *Raymond Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Cash Grove, 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.