

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24216**

FILED AUG 11 1952

BIRTH NO.		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5463</b>		Registrar's No. <b>742</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural 1st Jackson</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural 1st Jackson</b>		<b>03900</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fair Grove RFD#2</b>				d. STREET ADDRESS (If rural, give location) <b>Fair Grove RFD#2</b>			
3. NAME OF DECEASED a. (First) <b>Norvel</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 6 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, DIVORCED OR RE-MARRIED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>20 Dec. 1887</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>64</b>	IF UNDER 24 HRS. Days <b>64</b> Hours <b>64</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Bass</b>		14. NAME OF HUSBAND OR WIFE <b>Roxie Brown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roxie Brown RFD#2 Fair Grove, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma parotid gland</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>1421</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Oct 15, 1951</b> to <b>July 25, 1952</b> , that I last saw the deceased alive on <b>July 25, 1952</b> , and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. K. Rauwachs M.D.</b>				23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>8/8/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-8-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Bluff Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Greene County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-8-52</b>		REGISTRAR'S SIGNATURE <b>Earth Williamson Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co. Springfield, Mo.</b>			

(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. 468

working under my personal supervision.

Student Richard J. Pitts  
Student Embalmer

Signed Max B. Hooper  
By Richard J. Pitts  
Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_

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.