

No. 30 FILED NOV 5 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35447

State File No. 1511739  
Registrar's No. 170

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580

490  
3

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Twin Groves		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galesburg - Rural Twp.	
c. LENGTH OF STAY (in this place) Instant		d. STREET ADDRESS (If rural, give location) Galesburg, Mo. 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not reported by institution, give address or location) 5 1/2 Miles N. of Joplin, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Marguerite b. (Middle) Treva c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) October 21, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1907	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 23	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Collin County Texas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME S.H. Norwood		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE James E. Brown	
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James E. Brown Galesburg, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crush injury chest left side with		ANTECEDENT CAUSES		DUE TO (b) puncture of heart		Substantiated	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE HIGHWAY #43		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Groves Jasper MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 10-21-52 1:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? MISSED BRIDGE ON HIGHWAY 43 CAR STRUCK DRY CREEK BED SUSTAINED CRUSHED INJURY	

22. I hereby certify that I attended the deceased from (did not attend), 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. E. [Signature] (Degree or title) 3 Jasper County		23b. ADDRESS Joplin Natl. Bk. Bg. Joplin, Mo.		23c. DATE SIGNED 10/24/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-52		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
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DATE REC'D BY LOCAL REG. 10/25/52		REGISTRAR'S SIGNATURE Mrs. Madeline Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Mortuary	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-3-52  
Jasper County Health Office

County File Number 52/11/842  
Date Filed 11-3-52

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 *Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.