

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 984

| | | | | | | | |
|---|---|---|--|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 13 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Greene | | b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. LENGTH OF STAY (in this place) 3 days | | a. STATE Missouri | |
| b. CITY OR TOWN Springfield | | c. CITY OR TOWN Marionville | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | b. COUNTY Lawrence | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital | | | | e. STREET ADDRESS (If rural, give location) 0559 | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) Clara | b. (Middle) Elizabeth | c. (Last) Brown | (Month) January | (Day) 3, | (Year) 1956 | Female | 6. COLOR OR RACE White |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) |
| Widowed | October 31, 1887 | 68 | 2 | 3 | Housewife | | Cole County, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | 13a. FATHER'S NAME Eugene Thompson | 13b. MOTHER'S MAIDEN NAME Vinetta Rawson | 14. NAME OF HUSBAND OR WIFE James W. Brown | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME J. W. Brown, Jr. | ADDRESS Harrisonville, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* | II. OTHER SIGNIFICANT CONDITIONS | INTERVAL BETWEEN ONSET AND DEATH | 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | Conditions contributing to the death but not related to the disease or condition causing death. | 2 wks. | | | 2041 | |
| 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 Jan 1, 1956, to Jan 3, 1956, that I last saw the deceased alive on Jan 3, 1956, and that death occurred at 1 p. m. from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE James T. Good M.D. | | 23b. ADDRESS Springfield, Mo | | 23c. DATE SIGNED 1-4-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 5, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows | 24d. LOCATION (City, town, or county) (State) Marionville, Missouri | DATE REC'D BY LOCAL REG. 1-6-56 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Surridge | ADDRESS Marionville, Mo. |

(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 Everett L. Smith, Student Embalmer No. 526 working under my personal supervision..

Student Everett L. Smith
Signature of Student Embalmer

Signed Lewis G. Scharff

Licensed Embalmer No. 380

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.