

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8710

State File No. ....

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>317</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> )		c. LENGTH OF STAY (in this place) township) <u>1 day</u>		c. CITY OR TOWN <u>Galena</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10/19</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DALLAS</u>		b. (Middle)		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 4, 1941</u>	
9. AGE (in years last birthday) <u>14</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Grover Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Bloomer</u>		14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver Jones, Galena, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive brain damage from gun shot wound.</u>				<u>24 hours</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Cerebral edema.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		<u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>43</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>(near) Galena Stone Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 1, 1956 Noon</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In a tree and dropped his gun. Shot entered left eye</u>			
22. I hereby certify that I attended the deceased from <u>4/1/</u> , 1956, to <u>4/2/</u> , 1956, that I last saw the deceased alive on <u>4/2/</u> , 1956, and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Poch</u> (Degree or title) <u>DDS</u>				23b. ADDRESS <u>604 Medical Arts Bldg., Springfield, Missouri</u>		23c. DATE SIGNED <u>4/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 2, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nolen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galena, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Earl Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Windle</u> ADDRESS <u>Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed: *Robert E. Nyhlman*

Licensed Embalmer No. *4916*

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.