

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013914

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 402

300
1-57
390
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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>390</u> a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt # 7 Box #495 | | d. STREET ADDRESS (If outside, give location) Route # 7 Box # 495 | |
| Length of stay in lb 57 Yrs. | | Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 3. NAME OF DECEASED (Type or print) CLAUDE BROWER | 4. DATE OF DEATH April 13 1958 |
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| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 18 1900 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Greene Co. Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Madison Brower | 13b. MOTHER'S MAIDEN NAME Mary Johnson | 14. NAME OF HUSBAND OR WIFE X |
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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 Address Mrs. Lillian Wiley Rt # 7 Spfld, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE BROKEN NECK AND STRANGULATION | | INTERVAL BETWEEN ONSET AND DEATH ? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acc 20 6 | | 974X |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HE WAS FOUND HANGING BY HIS NECK, A SHEET AROUND HIS NECK AND TIED TO RAFTERS OF BARN AT ABOVE ADDRESS. A STEP LADDER AT PLACE OF HANGING. HE HAD A STROKE 2 YEARS AGO. ILL HEALTH SINCE. HIS SYSTEM ACCORDING TO MRS. WIFE |
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| 20c. TIME OF INJURY APR 14 1958 2:30 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN BARN ON FARM | 20f. CITY, TOWN, OR LOCATION SPRINGFIELD, GREENE, MISSOURI |
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21. I attended the deceased from APR 14 2:30 P.M. to APR 14 2:30 P.M. and last saw her alive on APR 14 2:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Ralph H. Thome | (Degree or title) Coroner | 22b. ADDRESS Springfield, Missouri | 22c. DATE SIGNED 14 APRIL 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/15/58 | 23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cem. | 23d. LOCATION (City, town, or county) (State) Near, Springfield, Mo. |
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| 24. FUNERAL DIRECTOR H.H. Lohmeyer | ADDRESS Springfield, Mo. | 25. DATE RECD. BY LOCAL REG. 4-15-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

not

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

Curt

Signed *PH Mc Coy*

Licensed Embalmer No. *2727*

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.