

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039505
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1123

300 /
1-57

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2103 LUSTER BLVD.		Length of stay in 1b 25 YRS.	d. STREET ADDRESS (If outside, give location) 2103 LUSTER BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTHA Middle HARRIETT Last BROWN			4. DATE OF DEATH Month NOV. Day 21 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 3 1912		9. AGE (In years last birthday) 46
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 (City and state or country) CHERRYVILLE, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin F. Blanford		13b. MOTHER'S MAIDEN NAME Betty B. Hubbard		14. NAME OF HUSBAND OR WIFE JOE D. BROWN	
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 JOE D. BROWN Address SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) POISON Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) BARBITURATES - SEE 206 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH ?
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.) SHE HAD A PAPER SACK IN WHICH WERE MORE THAN ONE HUNDRED CAPSULES IDENTIFIED BY HER PHYSICIAN AS TUINAL SECONDAL, NEMBUTAL AND AMYTAL. SHE SEEMED TO HAVE TAKEN A HUGE AMOUNT.			
20c. TIME OF INJURY APPROX 9:00 p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION COUNTY STATE SPRINGFIELD, GREENE, MISSOURI	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at APPROX 9:08 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph H. Hansen			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 24 Nov 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/24/58	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRY BAR'S SIGNATURE Effie E. Meeter

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene C. Hunted*

Licensed Embalmer No. *4739*

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