Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006058
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Freeman Hospital — Length of stay in 1b: 8 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 0495 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 311 1/2 Main St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hal — Middle: W. — Last: Brown

4. DATE OF DEATH: Month: March — Day: 5 — Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: May 11, 1875
9. AGE (In years last birthday): 83 — 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): Grain Elevator Supt.
10b. KIND OF BUSINESS OR INDUSTRY: Milling
11. BIRTHPLACE (City and state or country): Springfield, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Walter Thomas Brown
13b. MOTHER'S MAIDEN NAME: Sarah Merrell
14. NAME OF HUSBAND OR WIFE: -------

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.: 489-24-1811
17. INFORMANT: Neale M. Brown — Address: Kansas City, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD. c̄ Congestion & Pneumonia — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-5-59, to 3-5-59 and last saw her/him alive on 3-5-59
Death occurred at 02:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Longenecker, M. D.
22b. ADDRESS: 617 Frisco Bldg, Joplin, Mo
22c. DATE SIGNED: 3-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: March 9 1959
23c. NAME OF CEMETERY OR CREMATORY: D.W.Newcomers' Sons
23d. LOCATION (City, town, or county) (State): Kansas City Missouri.

24. FUNERAL DIRECTOR ADDRESS: Hurlbut-Glover Mortuary Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 3-6-1959
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin

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.