

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009026

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 285

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Greene  
c. CITY OR TOWN Springfield 0376 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 645 Hovey Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First JESSIE Middle E. Last BROWN  
4. DATE OF DEATH Month March Day 16 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH Aug. 15, 1886 9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months 1 Days 1 11. UNDER 24 HRS Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY In Home 11. BIRTHPLACE (City and state or country) South Dakota 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Wendelken 13b. MOTHER'S MAIDEN NAME Ella Jackson 14. NAME OF HUSBAND OR WIFE Paul M. 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. UNKNOWN 17. INFORMANT Address Paul M. Brown Springfield, 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH sev. hrs.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X 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 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 1950 to 3-16-59 and last saw her alive on 3-16-59  
Death occurred at 3:30 PM AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. D. Hanss (Degree or title) m. D. 22b. ADDRESS Springfield, Mo. 22c. DATE SIGNED 3-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-19-1959 23c. NAME OF CEMETERY OR CREMATOR Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS J.W. Klingner & Co Spfld, Mo. 25. DATE RECD. BY LOCAL REG. 3-19-59 26. REGISTRAR'S SIGNATURE Effie S. Melton

Health, Welfare, Public Service

00  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

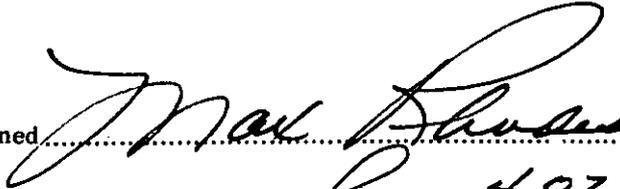
FILED MAR 23 1959

MAR 23 1959

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  .....

Licensed Embalmer No. 4071 .....

P. O. Address .....

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.