

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAR 14 1960

-60-005810

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 301

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) OR TOWN Springfield		Length of stay in 1b 71 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2609 E. Sunshine St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2609 E. Sunshine St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last COMMODORE B. BROWN				4. DATE OF DEATH Month Day Year March 6, 1960							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/15/1868		9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer & Contractor				10b. KIND OF BUSINESS OR INDUSTRY Farming & Building		11. BIRTHPLACE (City and state or country) Howell County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John W. Brown				13b. MOTHER'S MAIDEN NAME Rebecca Stigall				14. NAME OF HUSBAND OR WIFE Carrie 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. None		17. INFORMANT Address Carrie Todd, Marshfield, 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) <i>Transition and Rehabilitation</i>										INTERVAL BETWEEN ONSET AND DEATH 4 months	
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) <i>Fracture of Intratrochanter of right femur</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell at home 10/18/59</i>							
20c. TIME OF INJURY Hour a.m. <i>5:00 AM</i> Month, Day, Year <i>10/18/59</i>		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.) <i>at home</i>		20f. CITY, TOWN, OR LOCATION <i>Springfield, Greene, Mo.</i>		COUNTY		STATE	
21. I attended the deceased from <i>10/18/59</i> to <i>3/6/60</i> and last saw her/him alive on <i>2/10/60</i> Death occurred at <i>1:00 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>Reland E. W. Styer DO</i>		22b. ADDRESS <i>Springfield, Mo.</i>		22c. DATE SIGNED <i>3/9/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/8/1960		23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri					
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 2-10-60		26. REGISTRAR'S SIGNATURE <i>Effie E. Meeton</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 21 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfld, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.