

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1116

FILED NOV 24 1961

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 724 W. Walnut		d. STREET ADDRESS (If outside, give location) 724 W. Walnut	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) THEODORE BROWN			4. DATE OF DEATH Month November Day 17 , Year 1961
5. SEX Male	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 2 June 1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James B. Brown	
13b. MOTHER'S MAIDEN NAME Elizabeth Pierce		14. NAME OF HUSBAND OR WIFE Ella Jane 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 2155 Valley Rd Address Ralph Brown (Son) 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) Coronary Thromboses DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of bladder.		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 checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May, 1958 to 11/17/61 and last saw him alive on 11-17-61 Death occurred at 4:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gene W. Lathrop M.D. (Degree or title)		22b. ADDRESS 1636 S. Glenstone SPRINGFIELD MO.	
22c. DATE SIGNED 11-20-61		23a. LOCATION (City, town, or county). Springfield, Missouri	
23b. DATE 11/20/61		23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. SPRINGFIELD MO.	
25. DATE RECD. BY LOCAL REG. 11-21-61		26. REGISTRAR'S SIGNATURE Effie S. Melton	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

jhc

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1961

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

Max Rhoads

Licensed Embalmer No. 407

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.

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Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1116

FILED NOV 24 1961

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (if outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Length of stay in IL	c. CITY OR TOWN SPRINGFIELD Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 724 W. Walnut		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 724 W. Walnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

1. NAME OF DECEASED (Type or print) THEODORE BROWN			4. DATE OF DEATH Month November Day 17 , Year 1961			
3. SEX Male	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 2 June 1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME James B. Brown		13b. OTHER'S MAIDEN NAME Elizabeth Pierce Buchanan		14. NAME OF HUSBAND OR WIFE Ella Jane 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. No		17. INFORMANT 2155 Valley Rd Ralph Brown (Son) Springfield, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 6 hours 3 years
IMMEDIATE CAUSE (a) coronary thrombosis			
DUE TO (b) generalized arteriosclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of bladder.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from May, 1958 to 11/17/61 and last saw him alive on 11-17-61
Death occurred at 4:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Gene W. Leathers M.D.</i>		22b. ADDRESS 1636 S. Glenstone SPRINGFIELD MO.		22c. DATE SIGNED 11-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/20/61	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) Springfield, Missouri	
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.		25. DATE RECD. BY LOCAL REG. 11-21-61	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>	

JHC

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
7-14-87

INSTEAD OF

Elizabeth Pierce

ITEM NO. SHOULD READ
13b Elizabeth Buchanan

BY AFFIDAVIT OF Informant
Elizabeth Buchanan

DOCUMENT Marriage

MEDICAL CERTIFICATION

