

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026678

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1169

FILED AUG 6 1962	
1. PLACE OF DEATH	
a. COUNTY <b>Greene</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>	a. STATE <b>Missouri</b> COUNTY <b>Greene</b>
Length of stay in 1b <b>15 years</b>	c. CITY OR TOWN <b>Springfield</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1336 S. Fort</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>2324 W. High</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <b>ANNA</b>	Middle <b>SARAH</b>
Last <b>BROTHERS</b>	4. DATE OF DEATH Month <b>July</b> Day <b>29</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/14/1877</b>
9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>
11. BIRTHPLACE (City and state or country) <b>Dennison, Texas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Overturf</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Brown</b>
14. NAME OF HUSBAND OR WIFE <b>Lewis B. Brothers</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>   <b>None</b>
16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Lewis B. Brothers, Springfield,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>
	DUE TO (c) <b>Arteriosclerosis</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 <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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo</b>	
COUNTY <b>Greene</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>July 20, '62</b> to <b>July 29, '62</b> and last saw her/him alive on <b>7-20-62</b>	
Death occurred at <b>11:40</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>J. N. Wakeman MD</b>	(Degree or title)
22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>7-31-62</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/31/1962</b>
23c. NAME OF CEMETERY OR CREMATOR <b>Murray Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri.</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme, 1200 Boonville Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>8-3-62</b>
26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>	

VS 300 Rev. 4/59  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 7-31-62

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 Richard L. Strauser

Licensed Embalmer No. 5164

P. O. Address Appx, 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.