

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15500

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **491**

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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, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 1025 North Prospect	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jasper	b. (Middle) Bryan	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) May 31 1949
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/7/96
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Grocery store	12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME James Brown	13b. MOTHER'S MAIDEN NAME Minnie Green	14. NAME OF HUSBAND OR WIFE Elsie Brown
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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. 487241199	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elsie Brown 1025 North Prospect
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH approx one hr E976X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun - Shot Wound in head (self-inflicted)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 25 cal automatic DUE TO (c) pistol		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) N. Campbell - Greene - Mo
21d. TIME OF INJURY 5-31-49-9:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? self-inflicted - 25 cal pistol

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on **5-31**, 19**49**, and that death occurred at **10:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Handilph Deee Corner 3	23b. ADDRESS 409 Woodluff Bldg - Springfield	23c. DATE SIGNED 5-31-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2, 1949	24c. NAME OF CEMETERY OR CREMATORY East Lawn
24d. LOCATION (City, town, or county) Springfield		(State) Mo

DATE REC'D BY LOCAL REG. 6/1/49	REGISTRAR'S SIGNATURE W.E. Haudley III	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W.L. Brown Springfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed *H. A. Mc Cormac*

Signed _____
Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.