

FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. **8363**  
Registrar's No. **73**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **12** PRIMARY REG. DIST. NO. **5459**

0390  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Center Twsp</b>		c. LENGTH OF STAY (in this place) <b>Enroute</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy 66, 1 mi East Halltown, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sam</b> b. (Middle) <b>T.</b> c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 10, 1892</b>
9. AGE (In years last birthday) <b>58</b>		10. MONTHS <b></b>	11. DAYS <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ozark, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Brown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nettie Brown</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>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Nettie Brown, Ozark, Missouri</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basal Skull Fracture</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Center Twsp, Greene Mo. 039</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3/ 28/50 9:15A</b>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Two car accident</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <b>dead on 3/28/50</b> , and that death occurred at <b>9:15A</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>3/29/50</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 30, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark</b>	24d. LOCATION (City, town, or county) (State) <b>Ozark, Missouri</b>
DATE REC'D BY LOCAL REG <b>3/30/50</b>	REGISTRAR'S SIGNATURE <b>Theresa H. Wilcox</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmejer</b>	ADDRESS <b>B. F. W.</b>

APR 10 1950

RECEIVED

Greene County Health Office,

County File Number 50-4-11

Date Filed 4-45

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 \_\_\_\_\_  
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

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.