

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48-

FILED MAY 15 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 452

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC - REPUBLIC TWP.</u>	
c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		d. STREET ADDRESS (If rural, give location) <u>0390 HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARRISON REST HOME (519 Cherry)</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDA</u>	b. (Middle) <u>S.</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>may 11 1950</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>OCT. 14-1871</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS W. WADE</u>	13b. MOTHER'S MAIDEN NAME <u>SEREPATA BREKTON</u>	14. NAME OF HUSBAND OR WIFE <u>I. D. BROWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERSCHEL BROWN, REPUBLIC, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility</u> DUE TO (c) <u>Fractured L. Hip Feb 1948</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>522X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 2, 1948 to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 3:29 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>R. A. Michael D.D.</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>5/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WADE CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>GREENE CO. MISSOURI</u>
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DATE REC'D BY LOCAL REG <u>5-12-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheldon Harris</u>	ADDRESS <u>Clever, Mo.</u>
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**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.....

*John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address.....

*Cleveland, 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.