

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40426**
 Registrar's No. **2004**

0390

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. R5466		Registrar's No. 2004			
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) OR TOWN Springfield, Rural S. Campbell Twp		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural S. Campbell Twp					
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 7				d. STREET ADDRESS (If rural, give location) Route 7					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) May		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) December 11, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 3, 1880		9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 3 IF UNDER 12 HRS. Year 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Greene County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Wainey			13b. MOTHER'S MAIDEN NAME Rachael Turner			14. NAME OF HUSBAND OR WIFE J. Mat 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME J. Mat Brown			ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease Hypertension						INTERVAL BETWEEN ONSET AND DEATH 3 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						443x	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Corricular fibrillation						- 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
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					
22. I hereby certify that I attended the deceased from Dec 8, 1950 to Dec 11, 1950 , that I last saw the deceased alive on Dec 8, 1950 , and that death occurred at 12:50 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE R. Callaway (Degree or title)				23b. ADDRESS Springfield Mo				23c. DATE SIGNED 12/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY White Chapel		24d. LOCATION (City, town, or county) (State) Springfield, Missouri			
DATE REC'D BY LOCAL REG. 12-11-50		REGISTRAR'S SIGNATURE W.E. Handley			25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf ADDRESS Funeral Home, Inc. Springfield, Mo.				

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

DEC 27 1950

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 Lester Gorman

Licensed Embalmer No. 3177

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.