

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. GOOD

State File No. **21766**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **665**

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 OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 50 YRS.	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 721 N. NATIONAL		STREET ADDRESS (If rural, give location) 721 N. NATIONAL 03960	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) WILLIAM	b. (Middle) C.	c. (Last) BROWN	AUG. 1 1955	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 24 1883	9. AGE (In years last birthday) 72	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY BUS DRIVER	11. BIRTHPLACE (City and State or Foreign Country) OWOSSO, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN BROWN	13b. MOTHER'S MAIDEN NAME MARIE SCHULTZ	14. NAME OF HUSBAND OR WIFE ELLA C. BROWN (DECEASED)
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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. ?	17. INFORMANT'S SIGNATURE OR NAME MRS. CLARA WILKERSON ADDRESS SPRINGFIELD, MD.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day 3-4 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Dis		
	DUE TO (c) 4200		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **May**, 1955, to **Aug 1**, 1955, that I last saw the deceased alive on **July 1**, 1955, and that death occurred at **8:30 Pm.** from the causes and on the date stated above.

23a. SIGNATURE James T. Good (Degree or title) MD	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 8-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/3/55	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE RECD BY LOCAL REG. 8/3/55	REGISTRAR'S SIGNATURE Edith Williams	25. DEPUTY REGISTRAR'S SIGNATURE James T. Good ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955 JUL 21

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..... *H. J. Mrs. O'Connor*

Licensed Embalmer No. *272*

P. O. Address..... *Springfield*

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.