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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29450**

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **833**

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>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (In this place) <b>4 HRS.</b>		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 <b>BURGE HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>620 W. NORTON RD.</b>	

3. NAME OF DECEASED (Type or Print) <b>WILFRED</b>	a. (First)	b. (Middle) <b>A.</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH <b>SEPT. 19, 1955</b>
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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>18 OCT. 1905</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXECUTIVE TREASURER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GOSPEL PUBLISHERS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RHODE ISLAND</b>	12. COUNTRY OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ADAM BROWN</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA SHERMAN</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA BROWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ANNA BROWN</b>	ADDRESS <b>SPGFD. MO.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		<b>6 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, malignant</b>		<b>6 mo.?</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331x</b>	

19a. DATE OF OPERATION <b>None</b>	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 **8-19, 1955**, to **Sept. 19, 1955**, that I last saw the deceased alive on **Sept. 19, 1955**, and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gene W. Farthing M.D.</b>	(Degree or title)	23b. ADDRESS <b>Med. A-75 Bldg. Springfield, Mo.</b>	23c. DATE SIGNED <b>9/20/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-22-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>9-21-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Klingner &amp; Co.</b>	ADDRESS <b>SPEED. MO.</b>
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(Licensed Embalmer's Statement on Reverse Side) **SAR**

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

VS III 17 1958

FEB 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.