. Health,
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THE DI OF HEALTH OF MISSOURI

STANDARD CERTIFICATE DEATH

58-043766
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1196B

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christian
c. CITY OR TOWN Clever 0220 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) no street address — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MYRTLE Middle ~~ETTA~~ Etta Last BROWN

4. DATE OF DEATH Month Day Year Dec. 9, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. ~~6~~ 5, 1880
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY - - - -
11. BIRTHPLACE (City and state or country) ~~Eldarado~~ El Dorado Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Keeny
13b. MOTHER'S MAIDEN NAME Laura Hines
14. NAME OF HUSBAND OR WIFE Charles ~~L.~~ Lee Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. none
17. INFORMANT Address C. L. Brown, Clever, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERF? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-5-58, to 12-9-58 and last saw her ~~him~~ alive on 12-9-58
Death occurred at 7:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph N. Hills MD
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 12-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/13/1958
23c. NAME OF CEMETERY OR CREMATORY Wise Hill Cemetery
23d. LOCATION (City, town, or county) (State) Clever, Missouri

24. FUNERAL DIRECTOR J. Dean Harris, ADDRESS Clever, Mo.
25. DATE RECD. BY LOCAL REG. 12-16-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. use standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
#3, 8, 11, 14 amended by affidavit of funeral home 05-06-14 mjd
ONLY BLACK INK OR RIBBON TYPEWRITE IF F E

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 J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is embalmed, fact should be so sta above.