

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001055

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128

Primary Registration District No.

Registrar's No. 24B

300  
1-57

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, give name of town) <u>Springfield Twp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>Springfield</u> 6390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>R 4 Box 136</u> Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>R 4 Box 136</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>JESSE GILBERT BROWN</u>			4. DATE OF DEATH Month Day Year <u>JAN 6-1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 24-1887</u>	9. AGE (In years last birthday) <u>71</u>	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Freeo R.R. Passenger &amp; Ticket Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Osceola - Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Paris Brown</u>		
13b. MOTHER'S MAIDEN NAME <u>unknown Cowan</u>			14. NAME OF HUSBAND OR WIFE <u>Jessie Lillian Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>202 070623</u>		17. INFORMANT <u>Jessie Brown R 4 Box 36 Springfield - Mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>May 9, 1956</u> to <u>1-3-59</u> and last saw <sup>him</sup> alive on <u>12-5-58</u> Death occurred at <u>8:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Blaschke</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>1-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Yeakley Chapel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Paris D'Arcy - Mo.</u>	
24. FUNERAL DIRECTOR <u>Brown - David - Ash Grove - Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 21 1959

MAY 14 1958

JAN 28 1959

MS JUL 13 1960

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 ..... *Ray L. Daniel*

Licensed Embalmer No. *4702*  
P. O. Address *Ash Grove - W*

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.