

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021055

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 579E

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, give TOWNSHIP only) OR TOWN Rural 1st Center Twap		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rural 1st Center Twap	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Rt. 4		Length of stay in lb 20 years		d. STREET ADDRESS (If outside, give location) Rt. 4, Springfield	
3. NAME OF DECEASED (Type or print) First ELVA Middle M. Last BROWN		4. DATE OF DEATH Month June Day 11 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 July 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (City and state or country) Dade County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas J. Priddy		13b. MOTHER'S MAIDEN NAME Winnie Bird	
14. NAME OF HUSBAND OR WIFE Euard T. Brown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. ----	
17. INFORMANT E.T. Brown, Rt. 4, Springfield, Missouri.		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) Probable Coronary Thrombosis - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive of v disease - severe DUE TO (c) Attacks of tachycardia.					INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 1950 to June 11/59 and last saw her alive on June 10, 1959 Death occurred between 9:00 and 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry F. Knabb, M.D.		22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED June 12/59	
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial		23b. DATE 13 June 1959		23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	
				23d. LOCATION (City, town, or county) (State) Greene County, Missouri	
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-15-59		26. REGISTRAR'S SIGNATURE Effie S. Melton	

Henry F. Knabb, M.D. All diseases in Part I must be causally related. MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harold Futrell....., Student Embalmer No. 571.....

working under my personal supervision.

Student Harold Futrell
Signature of Student Embalmer

Signed Ralph H. Linn.....

Licensed Embalmer No. 3681.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.