

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26052

State File No. _____

Registrar's No. 5953

Registration District No. _____

Primary Registration District No. 722

1. PLACE OF DEATH

- (a) County Putnam
(b) City or town Rural - Richland Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life time years, months or days

8. (a) PRINT FULL NAME Claude T. Braden

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winnie Braden 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 12 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Sullivan Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Henry Braden

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Arinda Coghill

15. Birthplace Sullivan Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon Braden
(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof Aug 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burgott Cemetery

18. (a) Signature of funeral director James Hill

(b) Address Unionville, Mo.

19. (a) August 9 (b) Emmeline Hill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Putnam
(c) City or town Rural - Richland
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1940 hour 1 minute 0 A.M.

21. I hereby certify that I attended the deceased on Aug 7 1940, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions High Blood Pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. E. Harrison (M. D. or other) MD

Address Unionville Mo. Date signed Aug 9

Duration 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 10

District File Number 8-40-39-8

Date Filed AUG 10 1940

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 _____

J. W. Comstock, Registered Apprentice No. 132
working under my personal supervision.

Signed J. W. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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 this body is not embalmed, above space should be left blank.