S. No. 300
v. 10-48

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9518

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): Olive
b. (Middle): Edith
c. (Last): Brakel

4. DATE OF DEATH (Month) (Day) (Year): April 5 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: May 13-1887
9. AGE (In years last birthday): 61 | If under 1 year: Months 10 Days 28 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vandalia Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Perry
13b. MOTHER'S MAIDEN NAME: Francis Hudson
14. NAME OF HUSBAND OR WIFE: Jerome G. Brakel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jerome George Brakel
ADDRESS: Clarksville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): auricular fibrillation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): circulatory failure due to
DUE TO (c): cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: several weeks

4231

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1948, *to* April 4, 1949, *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Schwartz D.O.
23b. ADDRESS: Clarksville Mo.
23c. DATE SIGNED: 4-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 7-49
24c. NAME OF CEMETERY OR CREMATORY: Ladonia
24d. LOCATION (City, town, or county) (State): Ladonia Mo

DATE REC'D BY LOCAL REG.: April 9-49
REGISTRAR'S SIGNATURE: Linda Richard 256
25. FUNERAL DIRECTOR'S SIGNATURE: Harry A. Jarrell
ADDRESS: Clarksville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1955

RECEIVED
District Health Officer No. 10
District File Number 4149.66
Date Filed APR 12 1949

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 2-25-49

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Clifton Miller

Signed .....
Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Eldorado, 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, fact should be so stated above.