

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14865**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 605

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH	
c. LENGTH OF STAY (In this place) 49 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 621 E. COLORADO AVE	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) H	c. (Last) BRAZZELL	4. DATE OF DEATH MAY 31, 1949	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 25, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING CONTRACTOR	11. BIRTHPLACE (State or foreign country) EAGLEVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME SAMPSON BRAZZELL	13b. MOTHER'S MAIDEN NAME CATHERINE COOK	14. NAME OF HUSBAND OR WIFE BESSIE BRAZZELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME C. A. WOODWORTH	ADDRESS 5322 BARBARA ST.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, general		Unknown
	DUE TO (c) Prostatic Resection.		334X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Mar. 1949	19b. MAJOR FINDINGS OF OPERATION 	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-25, 1949, to 5-31, 1949, that I last saw the deceased alive on 5-30, 1949, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE John L. Payne M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 5/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 2, 1949	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) ST. JOSEPH MO.
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DATE REC'D BY LOCAL REG June 1, 1949	REGISTRAR'S SIGNATURE G. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Anna Clark	ADDRESS 120 Illinois Ave St Joseph Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed *Emmanuel*

Signed.....
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.