

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16584

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 36

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Madison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>208 N. Mine La Motte</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 N. Mine La Motte</u> | | | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Braden</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1949</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | |
| 8. DATE OF BIRTH <u>June 25, 1860</u> | | 9. AGE (In years last birthday) <u>88</u> | | 10. UNDER 1 YEAR (Months) (Days) <u>10 25</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Madison Co. Missouri</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>William Lincoln</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Newton Braden (deceased)</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Freda Shatley - St. Louis, Mo.</u> | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> | | <u>30 4 yrs</u> | |
| | | DUE TO (c) <u>Cancer</u> | | <u>5 yrs</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>2.6 2X</u> | |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 5-20, 1949 that I last saw the deceased alive on 5/20, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE <u>Henry Borron MD</u> | | (Degree or title) | | 23b. ADDRESS <u>Fredericktown Mo</u> | |
| 23c. DATE SIGNED <u>5-21-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/22/49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo.</u> | | | |
| DATE REC'D BY LOCAL REG <u>5-26-1949</u> | | REGISTRAR'S SIGNATURE <u>Therence Hicks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adams - Fredericktown, Mo.</u> | |

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

RECEIVED

District Health Officer No. 4
District File Number 649-748
Date Filed 6-1-49

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 Edward G Lehmann Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 4567

P. O. Address Fredricktown

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.