

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16898

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 113

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY RANDOLPH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION WABASH RAILROAD EMPLOYEES' HOSPITAL | | d. STREET ADDRESS (If rural, give location) 200 SOUTH MORLEY STREET | |

3. NAME OF DECEASED: a. (First) **IRA** b. (Middle) **SAM** c. (Last) **BRASHEAR**
4. DATE OF DEATH (Month) (Day) (Year) **MAY 17 1949**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **MARCH 3, 1886** 9. AGE (In years last birthday) **63** 10. MONTHS **2** 11. DAYS **14**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LOCOMOTIVE TRUCKMAN**
10b. KIND OF BUSINESS OR INDUSTRY **WABASH RAILROAD COMPANY**
11. BIRTHPLACE (State or foreign country) **BENICK, MISSOURI**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **JOSEPH CYRUS BRASHEAR** 13b. MOTHER'S MAIDEN NAME **AGNES ELDORA** 14. NAME OF HUSBAND OR WIFE **LENA MAUD**

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 _____ ADDRESS _____

| | | | |
|---|---|-------------|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED LYMPHOSARCOMA | | 18 MONTHS |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 2001 | |

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) _____ 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 **APRIL 18, 1949**, to **MAY 17, 1949**, that I last saw the deceased alive on **MAY 17, 1949**, and that death occurred at **5:52 AM.**, from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) _____ 23b. ADDRESS **WABASH RAILROAD EMPLOYEES' HOSPITAL, MOBERLY, MISSOURI** 23c. DATE SIGNED **MAY 17, 1949**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 19, 1949** 24c. NAME OF CEMETERY OR CREMATORY **Oakland** 24d. LOCATION (City, town, or county) (State) **Moberly Mo**

DATE REC'D BY LOCAL REG. **May 19-49** REGISTRAR'S SIGNATURE **Leah Williams** 25. FUNERAL DIRECTOR'S SIGNATURE **267 Graham and Son** ADDRESS **Moberly Mo**

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

DEC 10 1949

JUN 1 1949

RECEIVED

District Health Officer No. 1

District File Number 5-49-2

Date Filed MAY 23 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank D De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.