

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22272

State File No.

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4799 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo.		c. LENGTH OF STAY (In this place) 65yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Birch Street		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina	
		d. STREET ADDRESS (If rural, give location) West Birch Street	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Oldham c. (Last) Bragg			4. DATE OF DEATH (Month) (Day) (Year) 8-20-49		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH August 4-1873	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months 9	11. UNDER 2 HRS. Days 16	12. HOURS 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 Same	11. BIRTHPLACE (State or foreign country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Bragg	13b. MOTHER'S MAIDEN NAME Caroline Hendren	14. NAME OF HUSBAND OR WIFE Mina Bragg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mina Bragg	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach - malacitica 8 mo		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 Nov., 1949, to May, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Deedee or title) T. J. Adersklar, M.D.	23b. ADDRESS Shelbina, Mo	23c. DATE SIGNED 5/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-49	24c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. July 5-49	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkelew	ADDRESS Shelbina
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(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No.
District File Number 7-49-
Date Filed JUL 11 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 James D. Davis
.....

Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.