

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26034

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived... If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett - West Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>West Main St.</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Brafford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 5 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR: <u>5</u> MONTHS <u>29</u> DAYS	
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>Monett Mo. (Rural)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Long</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hanks Newton Brafford</u>	
14. NAME OF HUSBAND OR WIFE _____		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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Brafford</u> ADDRESS <u>Monett Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of upper right Maxillary Malapocia?</u> ANTECEDENT CAUSES <u>Has ul partially &amp; upper malocia.</u> DUE TO (b) <u>Not advised eye aft about 8x90 or</u> DUE TO (c) <u>Malignancy</u> II. OTHER SIGNIFICANT CONDITIONS <u>Suicidity - by poor com</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>History not available</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operations Treated by a quack?</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>196X</u>	
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 <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 <u>June 19</u> , 19 <u>49</u> , to <u>Aug 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 19</u> , 19 <u>49</u> , and that death occurred at <u>10:50 AM</u> from the causes and on the date stated above <u>Aug 249</u>			
23a. SIGNATURE (Degree or title) <u>James M. Russell M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>Aug 5 49</u>		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deathy Cemetery Near Monett</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-6-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett - Herminston</u> ADDRESS <u>Monett Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5  
1

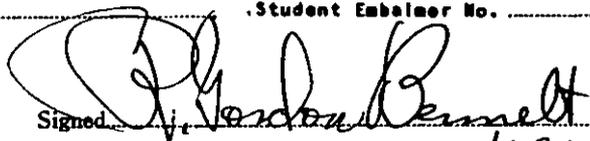
RECEIVED AUG 23 1949  
District Health Office No. 6,  
District File Number 849-967  
Date Filed 8-23-49

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed   
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.