

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

27416

State File No. ....

No. 300  
10.48

FILED SEP 7 1949

6200

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5747</u>		Registrar's No. <u>57</u>	
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) OR TOWN <u>MAYOLA, MO</u>		c. LENGTH OF STAY (in this place) <u>52</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marquand</u>		6200	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shetley's Creek</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Braswell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-12-1896</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(Lumber) TIMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>MAYOLA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. BRASWELL</u>			13b. MOTHER'S MAIDEN NAME <u>ETTA Mc DANIEL</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN BRASWELL</u>			ADDRESS <u>Marquand MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Juncy Verdict</u>				_____	
		ANTECEDENT CAUSES <u>Death due to natural causes from a heart attack</u>				_____	
		DUE TO (b) _____				_____	
		DUE TO (c) <u>Heart attack</u>				_____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		_____				<u>4343</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marquand Madison Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-16-49 4:30 P. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam Najin, Jr., Coroner of Madison Co. Mo.</u> (Degree or title)				23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>8-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whitaker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marquand MO</u>		
DATE REC'D BY LOCAL REG <u>8-22-1949</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. C. Hanson</u>		ADDRESS <u>Marquand MO</u>	

RECEIVED

8-27-49

District Health Officer No. 4

Disposal File Number 849-1140

Date

8/27/49

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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Sam Sajin, Jr.*

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.