S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39955

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 6211 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Houston Twp
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pulaski 05
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Piney, Mo 0
d. STREET ADDRESS (If rural, give location): 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): MARION
c. (Last): BRASIER

4. DATE OF DEATH (Month): 11 (Day): 11 (Year): 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 7 1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 3 Days 4 — IF UNDER 1 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Miller Co. Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Larkin Brasier
13b. MOTHER'S MAIDEN NAME: Sarah West
14. NAME OF HUSBAND OR WIFE: Minnie Ellen

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: John Brasier — **ADDRESS**: Raby Mo

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) Acute Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy c̄ obstruction
DUE TO (c) Arteriosclerotic Degenerative Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 6.10X

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) m.:
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* Nov. 2, 1949, *to* Nov 10, 1949, *that I last saw the deceased alive on* Nov. 10, 1949 *and that death occurred at* 2:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. Burns (Degree or title): MD
23b. ADDRESS: Houston, Mo
23c. DATE SIGNED: Nov 12, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-49
24c. NAME OF CEMETERY OR CREMATORY: Watts
24d. LOCATION (City, town, or county) (State): PHELPS Co MO

DATE REC'D BY LOCAL REG.: Nov. 17, 1949
REGISTRAR'S SIGNATURE: Ewan Pickett 328
25. FUNERAL DIRECTOR'S SIGNATURE: Gaylord O. Elliott **ADDRESS**: Houston Mo

(Licensed Embalmer's Statement on Reverse Side)

Begin
Refer C
11-28
9:0

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 E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.