

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2085

FILED JAN 31 1950

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>282</u> | | PRIMARY REG. DIST. NO. <u>5971</u> | | Registrar No. <u>9</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Polk (Marion Twp)</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar Marion Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>5 Miles South of Bolivar</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles South of Bolivar</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5 Miles South of Bolivar</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Martha</u> | | | b. (Middle) <u>Belle</u> | | | c. (Last) <u>Brakehill</u> | |
| (Type or Print) | | 4. DATE OF DEATH | | (Month) <u>Jan</u> | | (Day) <u>26</u> (Year) <u>1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) | | 8. DATE OF BIRTH <u>Sept. 16 1867</u> | |
| 9. AGE (in years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u> | | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Benjamin Viles</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Queen</u> | | | 14. NAME OF HUSBAND OF WIFE <u>(Peter) Brakehill</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. N. Hutchison</u> | | ADDRESS <u>Bolivar 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Generalized arteriosclerosis and fractured hip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4500F</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT- SUICIDE- HOMICIDE (Specify) <u>HOMICIDE</u> | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Accident - M.M.I.</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 20, 1950</u> , to <u>Jan 26, 1950</u> , that I last saw the deceased alive on <u>Jan 24, 1950</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Doyle C. McCreary, M.D.</u> | | | | 23b. ADDRESS <u>Bolivar, Mo</u> | | 23c. DATE SIGNED <u>Jan. 27, 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 29 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pleasant Hope, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 28, 1950</u> | | REGISTRAR'S SIGNATURE <u>Ralph G. Gardner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. ...</u> | | ADDRESS <u>Blue Bolivar, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0840
No. 300
10.48

RECEIVED

District Health Officer No. 7,

District File Number 12-49-20

Date Filed 1-30-50

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 Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, 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.