

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3893**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Euchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1312 Penn Street		d. STREET ADDRESS (If rural, give location) 1312 Penn Street	

3. NAME OF DECEASED
(Type or Print) **Leonard Denis Brasfield, Sr.**

a. (First) **Leonard** b. (Middle) **Denis** c. (Last) **Brasfield, Sr.**

4. DATE OF DEATH **Feb. 19, 1950**
(Month) (Day) (Year)

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **Sept. 24, 1863** 9. AGE (In years) **86** **4** **25**
last birthday Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railroad conductor

10b. KIND OF BUSINESS OR INDUSTRY
Rock Island RR.

11. BIRTHPLACE (State or foreign country)
Arkville, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME **William Brasfield** 13b. MOTHER'S MAIDEN NAME **Mary J. Rutherford** 14. NAME OF HUSBAND OR WIFE **Frances Theresa Brasfield**

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 **Mrs. Frances T. Brasfield** ADDRESS **St. Joseph, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Failure** INTERVAL BETWEEN ONSET AND DEATH **1/2 hr**

ANTECEDENT CAUSES **Chronic Myocarditis** DUE TO (b) **2 yrs.**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

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

4222

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) _____ 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 1944 to 7/19/50, 19____, that I last saw the deceased alive on 2-19-50, 19____, and that death occurred at 3:13P m., from the causes and on the date stated above.

23a. SIGNATURE **W. J. Seehaber, M.D.** (Degree of title) 23b. ADDRESS **St. Joseph, Mo. 64501** 23c. DATE SIGNED **2/21/50**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **burial** 24b. DATE **2/21/50** 24c. NAME OF CEMETERY OR CREMATORY **Maple Grove Cemetery** 24d. LOCATION (City, town, or county) (State) **Trenton, Missouri**

DATE REC'D BY LOCAL REG. **Feb. 23, 1950** REGISTRAR'S SIGNATURE **L. B. Jenkins** 38215/FUNERAL DIRECTOR'S SIGNATURE **Walter Brown, Funeral Home** ADDRESS **St. Joseph, Mo.**

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

MAR 1 1950

H. T. Thacker

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St Joseph 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.