

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13763

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 100

5644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY OR TOWN HANNIBAL		c. CITY OR TOWN MONROE CITY	
c. LENGTH OF STAY (in this place) 1 day.		d. STREET ADDRESS (If rural, give location) 512 S. Main.	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL			

3. NAME OF DECEASED (Type or Print) WILLIAM JOSEPH BRASHEARS			4. DATE OF DEATH MARCH 26 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED.	8. DATE OF BIRTH JUNE 23rd 1933	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 9 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL BOY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ROLLS COUNTY, MISSOURI	
13a. FATHER'S NAME JESSE BRASHEARS			13b. MOTHER'S MAIDEN NAME GENEVIEVE STORY		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME Blanche Brashears ADDRESS Monroe City Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Injury		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture (Compression)		Feb 1944
	DUE TO (c) fall from & lower jaw		31
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 26 50 ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident 711

22. I hereby certify that I attended the deceased from _____, 19____, to **3-26**, 19**50**, that I last saw the deceased alive on **3-26**, 19**50**, and that death occurred at **9:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Murphy M.D. (Degree or title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 3/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-28-1950	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY
		24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI

DATE REC'D BY LOCAL REG. 4-4-50	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S ADDRESS MONROE CITY, MO.
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RECEIVED APR 12 1950
MARION HEALTH DEPT.
DATE FILED APR 18 1950

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.