

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27262

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 229		Registrar's No. 372	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans Hospital				d. STREET ADDRESS (If rural, give location) 32nd & Schifferdecker			
3. NAME OF DECEASED (Type or Print) James		a. (First) James		b. (Middle) T.		c. (Last) Brashear	
4. DATE OF DEATH August 18 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 27, 1899		9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		11. BIRTHPLACE (State or foreign country) Marionville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Brashear		13b. MOTHER'S MAIDEN NAME Nancy Brown		14. NAME OF HUSBAND OR WIFE Lola Brashear	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Brashear 32nd & Schifferdecker			
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) Multiple hepatomata ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis 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 8 mo. (?) 1 yr. (?) 157.12	
19a. DATE OF OPERATION 8/11/50		19b. MAJOR FINDINGS OF OPERATION Atrophic cirrhosis of the liver, with multiple hepatomata				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/7, 1950, to 8/18, 1950, that I last saw the deceased alive on 8/17, 1950, and that death occurred at 12:30 m., from the causes and on the date stated above.							
23a. SIGNATURE X [Signature] (Degree or title) M. D.		23b. ADDRESS 4200 Byers Avenue, Joplin, Mo.		23c. DATE SIGNED 8/19/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-21-50		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 8-23-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-29-50

Jasper County Health Office

County File Number 50-8-636

Date Filed 8-29-50

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Johnston 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.