

No. 300
10-48

FILED OCT 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32378

060

BIRTH NO. REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 6189 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY TANEY			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): a. STATE Mo. b. COUNTY Taney c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dickens, Mo Swan Twp d. STREET ADDRESS (If rural, give location) rural		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dickens, Mo Swan Twp			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Dickens		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) rural		

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) JONES c. (Last) BRADEN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1950		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 21, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jake Smith	13b. MOTHER'S MAIDEN NAME Tilta Mitchell	14. NAME OF HUSBAND OR WIFE deceased
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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 HOMER BRADEN	ADDRESS Forsyth, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9/11/50 9/26/50 11/23/50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver gland		
	ANTECEDENT CAUSES nutritional C.A. liver bleed		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8/2/50**, 19**50**, to **9/26/50**, 19**50**, that I last saw the deceased alive on **9/26/50**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Forsyth, Mo	23c. DATE SIGNED 9/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/29/1950	24c. NAME OF CEMETERY OR CREMATORY braden cemetery	24d. LOCATION (City, town, or county) (State) Sparta, Mo
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DATE REC'D BY LOCAL REG. Sept. 30 - 1950	REGISTRAR'S SIGNATURE [Signature] 376	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Forsyth
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED OCT 2 1950

Dist. File 1050-2031

Date Filed 10-2-50

OCT 17 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Walter S. Cobb

Licensed Embalmer No.....

4731

P. O. Address.....

Forest, 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.