

32795

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 15 1950

No. 300  
10-48

42  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 379

|   |                               |  |  |  |  |  |  |
|---|-------------------------------|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau 0164</u>  |  |  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>Brassfield</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1950</u> |  |  |  |  |
| 5. SEX <u>3</u> <u>Female</u>   | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>  | 8. DATE OF BIRTH <u>1897</u><br><u>Mar 3, 1897</u>       |  |  |  |  |
| 9. AGE (In years last birthday) <u>53</u>   |                               | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>                                       | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>            |  |  |  |  |
| 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |  |  |  |  |
| 13a. FATHER'S NAME <u>John Brassfield</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Brassfield</u>   |  |  |  |  |  |
| 14. NAME OF HUSBAND OR WIFE _____   |                               | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lewis</u> ADDRESS <u>Cape Girardeau</u>  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, state war or dates of service) _____   |                               | 16. SOCIAL SECURITY NO. _____  |  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line on (a), (b), and (c)<br><u>1</u><br><u>2</u><br><u>3</u><br><u>4</u><br><u>5</u><br><u>6</u><br><u>7</u><br><u>8</u><br><u>9</u><br><u>10</u><br><u>11</u><br><u>12</u><br><u>13</u><br><u>14</u><br><u>15</u><br><u>16</u><br><u>17</u><br><u>18</u><br><u>19</u><br><u>20</u><br><u>21</u><br><u>22</u><br><u>23</u><br><u>24</u><br><u>25</u><br><u>26</u><br><u>27</u><br><u>28</u><br><u>29</u><br><u>30</u><br><u>31</u><br><u>32</u><br><u>33</u><br><u>34</u><br><u>35</u><br><u>36</u><br><u>37</u><br><u>38</u><br><u>39</u><br><u>40</u><br><u>41</u><br><u>42</u><br><u>43</u><br><u>44</u><br><u>45</u><br><u>46</u><br><u>47</u><br><u>48</u><br><u>49</u><br><u>50</u><br><u>51</u><br><u>52</u><br><u>53</u><br><u>54</u><br><u>55</u><br><u>56</u><br><u>57</u><br><u>58</u><br><u>59</u><br><u>60</u><br><u>61</u><br><u>62</u><br><u>63</u><br><u>64</u><br><u>65</u><br><u>66</u><br><u>67</u><br><u>68</u><br><u>69</u><br><u>70</u><br><u>71</u><br><u>72</u><br><u>73</u><br><u>74</u><br><u>75</u><br><u>76</u><br><u>77</u><br><u>78</u><br><u>79</u><br><u>80</u><br><u>81</u><br><u>82</u><br><u>83</u><br><u>84</u><br><u>85</u><br><u>86</u><br><u>87</u><br><u>88</u><br><u>89</u><br><u>90</u><br><u>91</u><br><u>92</u><br><u>93</u><br><u>94</u><br><u>95</u><br><u>96</u><br><u>97</u><br><u>98</u><br><u>99</u><br><u>100</u><br><u>101</u><br><u>102</u><br><u>103</u><br><u>104</u><br><u>105</u><br><u>106</u><br><u>107</u><br><u>108</u><br><u>109</u><br><u>110</u><br><u>111</u><br><u>112</u><br><u>113</u><br><u>114</u><br><u>115</u><br><u>116</u><br><u>117</u><br><u>118</u><br><u>119</u><br><u>120</u><br><u>121</u><br><u>122</u><br><u>123</u><br><u>124</u><br><u>125</u><br><u>126</u><br><u>127</u><br><u>128</u><br><u>129</u><br><u>130</u><br><u>131</u><br><u>132</u><br><u>133</u><br><u>134</u><br><u>135</u><br><u>136</u><br><u>137</u><br><u>138</u><br><u>139</u><br><u>140</u><br><u>141</u><br><u>142</u><br><u>143</u><br><u>144</u><br><u>145</u><br><u>146</u><br><u>147</u><br><u>148</u><br><u>149</u><br><u>150</u><br><u>151</u><br><u>152</u><br><u>153</u><br><u>154</u><br><u>155</u><br><u>156</u><br><u>157</u><br><u>158</u><br><u>159</u><br><u>160</u><br><u>161</u><br><u>162</u><br><u>163</u><br><u>164</u><br><u>165</u><br><u>166</u><br><u>167</u><br><u>168</u><br><u>169</u><br><u>170</u><br><u>171</u><br><u>172</u><br><u>173</u><br><u>174</u><br><u>175</u><br><u>176</u><br><u>177</u><br><u>178</u><br><u>179</u><br><u>180</u><br><u>181</u><br><u>182</u><br><u>183</u><br><u>184</u><br><u>185</u><br><u>186</u><br><u>187</u><br><u>188</u><br><u>189</u><br><u>190</u><br><u>191</u><br><u>192</u><br><u>193</u><br><u>194</u><br><u>195</u><br><u>196</u><br><u>197</u><br><u>198</u><br><u>199</u><br><u>200</u><br><u>201</u><br><u>202</u><br><u>203</u><br><u>204</u><br><u>205</u><br><u>206</u><br><u>207</u><br><u>208</u><br><u>209</u><br><u>210</u><br><u>211</u><br><u>212</u><br><u>213</u><br><u>214</u><br><u>215</u><br><u>216</u><br><u>217</u><br><u>218</u><br><u>219</u><br><u>220</u><br><u>221</u><br><u>222</u><br><u>223</u><br><u>224</u><br><u>225</u><br><u>226</u><br><u>227</u><br><u>228</u><br><u>229</u><br><u>230</u><br><u>231</u><br><u>232</u><br><u>233</u><br><u>234</u><br><u>235</u><br><u>236</u><br><u>237</u><br><u>238</u><br><u>239</u><br><u>240</u><br><u>241</u><br><u>242</u><br><u>243</u><br><u>244</u><br><u>245</u><br><u>246</u><br><u>247</u><br><u>248</u><br><u>249</u><br><u>250</u><br><u>251</u><br><u>252</u><br><u>253</u><br><u>254</u><br><u>255</u><br><u>256</u><br><u>257</u><br><u>258</u><br><u>259</u><br><u>260</u><br><u>261</u><br><u>262</u><br><u>263</u><br><u>264</u><br><u>265</u><br><u>266</u><br><u>267</u><br><u>268</u><br><u>269</u><br><u>270</u><br><u>271</u><br><u>272</u><br><u>273</u><br><u>274</u><br><u>275</u><br><u>276</u><br><u>277</u><br><u>278</u><br><u>279</u><br><u>280</u><br><u>281</u><br><u>282</u><br><u>283</u><br><u>284</u><br><u>285</u><br><u>286</u><br><u>287</u><br><u>288</u><br><u>289</u><br><u>290</u><br><u>291</u><br><u>292</u><br><u>293</u><br><u>294</u><br><u>295</u><br><u>296</u><br><u>297</u><br><u>298</u><br><u>299</u><br><u>300</u><br><u>301</u><br><u>302</u><br><u>303</u><br><u>304</u><br><u>305</u><br><u>306</u><br><u>307</u><br><u>308</u><br><u>309</u><br><u>310</u><br><u>311</u><br><u>312</u><br><u>313</u><br><u>314</u><br><u>315</u><br><u>316</u><br><u>317</u><br><u>318</u><br><u>319</u><br><u>320</u><br><u>321</u><br><u>322</u><br><u>323</u><br><u>324</u><br><u>325</u><br><u>326</u><br><u>327</u><br><u>328</u><br><u>329</u><br><u>330</u><br><u>331</u><br><u>332</u><br><u>333</u><br><u>334</u><br><u>335</u><br><u>336</u><br><u>337</u><br><u>338</u><br><u>339</u><br><u>340</u><br><u>341</u><br><u>342</u><br><u>343</u><br><u>344</u><br><u>345</u><br><u>346</u><br><u>347</u><br><u>348</u><br><u>349</u><br><u>350</u><br><u>351</u><br><u>352</u><br><u>353</u><br><u>354</u><br><u>355</u><br><u>356</u><br><u>357</u><br><u>358</u><br><u>359</u><br><u>360</u><br><u>361</u><br><u>362</u><br><u>363</u><br><u>364</u><br><u>36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/u><br><u>723</u><br><u>724</u><br><u>725</u><br><u>726</u><br><u>727</u><br><u>728</u><br><u>729</u><br><u>730</u><br><u>731</u><br><u>732</u><br><u>733</u><br><u>734</u><br><u>735</u><br><u>736</u><br><u>737</u><br><u>738</u><br><u>739</u><br><u>740</u><br><u>741</u><br><u>742</u><br><u>743</u><br><u>744</u><br><u>745</u><br><u>746</u><br><u>747</u><br><u>748</u><br><u>749</u><br><u>750</u><br><u>751</u><br><u>752</u><br><u>753</u><br><u>754</u><br><u>755</u><br><u>756</u><br><u>757</u><br><u>758</u><br><u>759</u><br><u>760</u><br><u>761</u><br><u>762</u><br><u>763</u><br><u>764</u><br><u>765</u><br><u>766</u><br><u>767</u><br><u>768</u><br><u>769</u><br><u>770</u><br><u>771</u><br><u>772</u><br><u>773</u><br><u>774</u><br><u>775</u><br><u>776</u><br><u>777</u><br><u>778</u><br><u>779</u><br><u>780</u><br><u>781</u><br><u>782</u><br><u>783</u><br><u>784</u><br><u>785</u><br><u>786</u><br><u>787</u><br><u>788</u><br><u>789</u><br><u>790</u><br><u>791</u><br><u>792</u><br><u>793</u><br><u>794</u><br><u>795</u><br><u>796</u><br><u>797</u><br><u>798</u><br><u>799</u><br><u>800</u><br><u>801</u><br><u>802</u><br><u>803</u><br><u>804</u><br><u>805</u><br><u>806</u><br><u>807</u><br><u>808</u><br><u>809</u><br><u>810</u><br><u>811</u><br><u>812</u><br><u>813</u><br><u>814</u><br><u>815</u><br><u>816</u><br><u>817</u><br><u>818</u><br><u>819</u><br><u>820</u><br><u>821</u><br><u>822</u><br><u>823</u><br><u>824</u><br><u>825</u><br><u>826</u><br><u>827</u><br><u>828</u><br><u>829</u><br><u>830</u><br><u>831</u><br><u>832</u><br><u>833</u><br><u>834</u><br><u>835</u><br><u>836</u><br><u>837</u><br><u>838</u><br><u>839</u><br><u>840</u><br><u>841</u><br><u>842</u><br><u>843</u><br><u>844</u><br><u>845</u><br><u>846</u><br><u>847</u><br><u>848</u><br><u>849</u><br><u>850</u><br><u>851</u><br><u>852</u><br><u>853</u><br><u>854</u><br><u>855</u><br><u>856</u><br><u>857</u><br><u>858</u><br><u>859</u><br><u>860</u><br><u>861</u><br><u>862</u><br><u>863</u><br><u>864</u><br><u>865</u><br><u>866</u><br><u>867</u><br><u>868</u><br><u>869</u><br><u>870</u><br><u>871</u><br><u>872</u><br><u>873</u><br><u>874</u><br><u>875</u><br><u>876</u><br><u>877</u><br><u>878</u><br><u>879</u><br><u>880</u><br><u>881</u><br><u>882</u><br><u>883</u><br><u>884</u><br><u>885</u><br><u>886</u><br><u>887</u><br><u>888</u><br><u>889</u><br><u>890</u><br><u>891</u><br><u>892</u><br><u>893</u><br><u>894</u><br><u>895</u><br><u>896</u><br><u>897</u><br><u>898</u><br><u>899</u><br><u>900</u><br><u>901</u><br><u>902</u><br><u>903</u><br><u>904</u><br><u>905</u><br><u>906</u><br><u>907</u><br><u>908</u><br><u>909</u><br><u>910</u><br><u>911</u><br><u>912</u><br><u>913</u><br><u>914</u><br><u>915</u><br><u>916</u><br><u>917</u><br><u>918</u><br><u>919</u><br><u>920</u><br><u>921</u><br><u>922</u><br><u>923</u><br><u>924</u><br><u>925</u><br><u>926</u><br><u>927</u><br><u>928</u><br><u>929</u><br><u>930</u><br><u>931</u><br><u>932</u><br><u>933</u><br><u>934</u><br><u>935</u><br><u>936</u><br><u>937</u><br><u>938</u><br><u>939</u><br><u>940</u><br><u>941</u><br><u>942</u><br><u>943</u><br><u>944</u><br><u>945</u><br><u>946</u><br><u>947</u><br><u>948</u><br><u>949</u><br><u>950</u><br><u>951</u><br><u>952</u><br><u>953</u><br><u>954</u><br><u>955</u><br><u>956</u><br><u>957</u><br><u>958</u><br><u>959</u><br><u>960</u><br><u>961</u><br><u>962</u><br><u>963</u><br><u>964</u><br><u>965</u><br><u>966</u><br><u>967</u><br><u>968</u><br><u>969</u><br><u>970</u><br><u>971</u><br><u>972</u><br><u>973</u><br><u>974</u><br><u>975</u><br><u>976</u><br><u>977</u><br><u>978</u><br><u>979</u><br><u>980</u><br><u>981</u><br><u>982</u><br><u>983</u><br><u>984</u><br><u>985</u><br><u>986</u><br><u>987</u><br><u>988</u><br><u>989</u><br><u>990</u><br><u>991</u><br><u>992</u><br><u>993</u><br><u>994</u><br><u>995</u><br><u>996</u><br><u>997</u><br><u>998</u><br><u>999</u><br><u>1000</u> |                               | 19. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____                            |  |
| 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 <u>July 1, 1950</u> , to <u>Nov 10, 1950</u> , that I last saw the deceased alive on <u>Nov 9, 1950</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.  |                               |  |  |  |  |  |  |
| 23a. SIGNATURE <u>J R Hunter</u> (Degree or title) <u>MD</u>  |                               |  |  | 23b. ADDRESS <u>Fulton Missouri</u>  |  | 23c. DATE SIGNED <u>Nov 10 1950</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   |                               | 24b. DATE <u>11-14-50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem</u>                               |  | 24d. LOCATION (City, town, or county) (State) <u>Hickwood St Louis Mo</u>        |  |
| DATE REC'D BY LOCAL REG. <u>Nov 11-1950</u>   |                               | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson's Funeral Home</u> ADDRESS <u>Hickwood Mo</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1950

DEC 11 1950

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 13 1950

RECEIVED

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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 44411

P. O. Address 408 So Fillmore

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 32795-50

State of Missouri }  
County of Cape Girardeau } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 4th day of December 1950, ~~194~~, before me appears

Mary Lewis, who, upon her oath, states that the original record of birth death

for Emma Brassfield died November 10, 1950, 19....., in the State of

Missouri, and which was filed at Fulton on Nov. 11, 1950; should be corrected as follows:

Item No. 8 should read March 3, 1897 instead of March 3, 1887

Instead of March 3, 1887

Item No. 9 should read 53Years 8Months 7Days

Instead of 63Years 8Months 7Days

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Lewis Niece  
Relationship.

426 North St. Cape Girardeau, Missouri  
Present Address.

Subscribed and sworn to before me this 4 day of December 1950, 19.....

My Commission expires My Commission Expires June 19, 1953 J. H. Metzler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.