

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35901**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6137		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona		c. LENGTH OF STAY (In this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona		1A10	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Mary Isabelle Minnie Gay Bra wley							
5. SEX F		6. COLOR OR RACE W		7. MARRIED: NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 2-1879	
9. AGE (In years last birthday) 71		10. MONTHS 5		11. DAYS 27		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Alcorn Co. Mississippi				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME E C Claxton		13b. MOTHER'S MAIDEN NAME Elizabeth Crum		14. NAME OF HUSBAND OR WIFE George A Brawley			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G A Brawley Winona, Mo.			
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) Cerebral Thrombosis ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Cardiac hypertrophy				INTERVAL BETWEEN ONSET AND DEATH 6 days 332 Y	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		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 Mar 19, 1950 , to Oct 28, 1950 , that I last saw the deceased alive on Oct 28, 1950 , and that death occurred at 10:34pm. , from the causes and on the date stated above.							
23a. SIGNATURE R E Sharp D.O.		(Degree or title)		23b. ADDRESS Winona Mo.		23c. DATE SIGNED 10-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-50		24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) (State) Winona, Mo	
DATE REC'D BY LOCAL REG. 11-4-50		REGISTRAR'S SIGNATURE Mark Ballin		25. FUNERAL DIRECTOR'S SIGNATURE 447		ADDRESS Duncan Funeral Home Mtn View, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

10101

No. 300
10. 48

RECEIVED

NOV 8 1950

DISTRICT HEALTH OFFICE No. C

File No.....

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.....

Licensed Embalmer No. 2516

P. O. Address M. X. View M.

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.