S. No. 300
v. 10.48

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FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36348

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 395

1. PLACE OF DEATH
a. COUNTY CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL ST. AUBERT
c. LENGTH OF STAY (In this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 MILES N.W. MOKANE, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL ST. AUBERT 0140
d. STREET ADDRESS (If rural, give location) 4 MILES N.W. MOKANE MO.

3. NAME OF DECEASED (Type or Print) a. (First) GARY b. (Middle) RONALD c. (Last) BRAMON
4. DATE OF DEATH (Month) (Day) (Year) 11-27-1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH JAN-31, 1946
9. AGE (In years last birthday) 4 — If under 1 year: Months 9 Days 22 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GERALD A. BRAMON
13b. MOTHER'S MAIDEN NAME ZULA WILLIAMS
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Gerald A. Bramon, ADDRESS Mokane Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) was found dead or dying Sudden beside the drainage Culvert

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cause and Reason

Apparently having fallen down

DUE TO (c) embankment 2 or 3 feet deep among some rocks

INTERVAL BETWEEN ONSET AND DEATH: 690220

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Had a bruise a little to right of Center of fore-head

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 014
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell down Embankment Farm
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) St Aubert Twp (COUNTY) Callaway (STATE) MO
21d. TIME OF INJURY (Month) Nov (Day) 27 (Year) 1950 (Hour) abt 3 pm
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Apparently from falling down Embankment among some rocks

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE M. Farrell (Degree or title) Coroner
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 11/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-29-1950
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Fulton, Mo. (State)

DATE REC'D BY LOCAL REG. Dec 2-1950
REGISTRAR'S SIGNATURE 426 Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Mangin Funeral Home ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC -2 1950
DISTRICT HEALTH OFFICE No. 4
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 Walter J. Haines, Jr.
Licensed Embalmer No. 4557
P. O. Address Fulton, 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.