

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11296

1512  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) Aubrey	b. (Middle) Eugene	c. (Last) Braxdale	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1915	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gilbert Braxdale	13b. MOTHER'S MAIDEN NAME Lola Ireland	14. NAME OF HUSBAND OR WIFE Helen M. Braxdale
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-03-4640	17. INFORMANT'S SIGNATURE OR NAME Helen M. Braxdale	ADDRESS Odessa, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Vasculature Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4281	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Oct 19 50, to 12-3-50, 19, that I last saw the deceased alive on 12-3-50, 19, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE R. F. McKinney MD	(Degree or title)	23b. ADDRESS Warrensburg 770	23c. DATE SIGNED 12-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	24d. LOCATION (City, town, or county) (State) Odessa, Mo.
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DATE REC'D BY LOCAL REG. Dec 4, 1950	REGISTRAR'S SIGNATURE Sarannah	25. FUNERAL DIRECTOR'S SIGNATURE Eusman-S	ADDRESS Odessa, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 19 1951

FEB 16 1951

RECEIVED  
DEC 13 1950  
NESETTE

JOHNSON COUNTY HEALTH DEPT.

MAR 13 1951

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.....  
Student Embalmer

Signed *Living T. Heaver*

Licensed Embalmer No. *7541*

P. O. Address *Oden 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.