No. 300
10.48

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9464

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5871 Registrar's No. 12

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

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton Goble
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton 0750
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Newton c. (Last) Brawley

4. DATE OF DEATH (Month) (Day) (Year) March 27, 1951

5. SEX Male O
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH March 3, 1886
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 0 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Rondles County Mo O
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jehew Brawley
13b. MOTHER'S MAIDEN NAME Adaline Barnes
14. NAME OF HUSBAND OR WIFE Alma Burrow Brawley

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. Don't know
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Brawley ADDRESS Alton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None 4343
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) Alton (COUNTY) Oregon (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-24, 1951, *to* 3-24, 1951, *that I last saw the deceased alive on* No, 19__, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. W. Carhart (Degree or title) D.O. 2
23b. ADDRESS Alton, Missouri
23c. DATE SIGNED 4-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial O
24b. DATE 3-29-51
24c. NAME OF CEMETERY OR CREMATORY Hollis Cemetery
24d. LOCATION (City, town, or county) Oregon County (State) Mo

DATE REC'D BY LOCAL REG. Apr 2-51
REGISTRAR'S SIGNATURE Mrs W.C. Johnson 233
25. FUNERAL DIRECTOR'S SIGNATURE Higginbotham Funeral Service ADDRESS Salem, Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 9 1951
DISTRICT HEALTH OFFICE No. 6
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 J. W. Best

Licensed Embalmer No. 659

P. O. Address Walnut Ridge, Ark.

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.