

FILED MAY 14 1951 STANDARD CERTIFICATE OF DEATH

State File No. 11892
Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4108</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>South Street</u>			d. STREET ADDRESS (If rural, give location) <u>South Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>M.</u> c. (Last) <u>Brasher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22, 1894</u>	9. AGE (In years last birthday) <u>56</u>	10. MONTHS <u>3</u> DAYS <u>22</u> HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Newton Carleton</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha M. Orsulak</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Brasher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Brasher, Stockton, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☐	
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) <u>156A</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12-1-</u> , 19 <u>51</u> , to <u>4-14-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-13-</u> , 19 <u>51</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>WMB Richter MD</u>		23b. ADDRESS <u>Stockton Mo</u>		23c. DATE SIGNED <u>4-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u>	
24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>5-5-1951</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	
				ADDRESS <u>Stockton Mo.</u>	

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

200

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 8 1951

Dist. File 5-51-988

Date Filed 5-8-51

1951 6 10 PM

MAY 14 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

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.