

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

15451

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 416 E McPherson St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Walter</b>	b. (Middle) <b>Keithley</b>	c. (Last) <b>Bramblet</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May - 17 51</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 8, 1878</b>	9. AGE (In years) (Month) (Day) (Year) <b>72 9 9</b>	IF UNDER 1 YEAR Hours	IF UNDER 24 Hrs. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Store</b>	11. BIRTHPLACE (State or foreign country) <b>New London Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harvey M. Bramblet</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Keithley</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie H. Bramblet</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jessie H. Bramblet Kirksville Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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 <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) <b>331X</b>
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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 Sept, 1947, to May 17, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter T. Engler Jr. M.D.</b>	23b. ADDRESS <b>Kirksville Mo.</b>	23c. DATE SIGNED <b>May 18, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 19, 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Barkley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New London Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-18-51</b>	REGISTRAR'S SIGNATURE <b>Walter T. Engler Jr.</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter T. Engler Jr. Kirksville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 15 1951

JUN 12 1951

Date Received: MAY 22 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-964  
Date Filed: MAY 22 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Kirksville Md

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.