

FILED JUN 15, 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15918

State File No.

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 5

1200

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico Spgs. Mo</u> | c. LENGTH OF STAY (In this place) <u>no</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico Spgs. Mo. 020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DREWRY</u> b. (Middle) <u>-S-</u> c. (Last) <u>BRASHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-51</u> | | |
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| 5. SEX <u>no</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u> | 8. DATE OF BIRTH <u>3-4-1869</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>11</u> | IF UNDER 24 HRS. Days <u>24</u> Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri, Cedar Co.</u> | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME <u>Karlin Brasher</u> | 13b. MOTHER'S MAIDEN NAME <u>Marquerite Petty</u> | 14. NAME OF HUSBAND OR WIFE <u>Winnie Brasher</u> |
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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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. H. Brasher, Jerico Spgs.</u> |
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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 <u>within</u> <u>331X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & nephritis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-28, 1951, to 2-28, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 100A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>St. B. Binnister M.D.</u> | 23b. ADDRESS <u>Jerico Springs Mo</u> | 23c. DATE SIGNED <u>2-29-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>3-1-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brasher Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>3 1/2 N. W. Jerico Spgs. Mo</u> |
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| DATE REC'D. BY LOCAL REG. <u>3-1-51</u> | REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. P. Long, Jerico Spgs., Mo</u> |
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 5 1951
Dist. File 651-9222
Date Filed 6-2-51

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 [Signature] _____

Licensed Embalmer No. 3714

P. O. Address [Signature]

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.