

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17065

State File No. 17065
Registrar's No. 126

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence, before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds mo</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds mo</u>		d. STREET ADDRESS (If rural, give location) <u>mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth M</u> b. (Middle) <u>Bragdon</u> c. (Last) <u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28-1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 22-1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Belton mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J W Hightower</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Riardin</u>		14. NAME OF HUSBAND OR WIFE <u>Geo H Bragdon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo H Bragdon</u> ADDRESS <u>Reeds mo</u>			
18. CAUSE OF DEATH						
Enter only one cause per line for (a), (b), and (c)						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 25 years</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.						
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"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>May</u> , 1950, to <u>28 May '51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>27 May 19 51</u> , and that death occurred at <u>5:25 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>W E Boyd M.D.</u> (Degree or title)			23b. ADDRESS <u>Carthage Missouri</u>		23c. DATE SIGNED <u>31 May '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarsaple Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarsaple mo</u>		
DATE REC'D BY LOCAL REG. <u>6-1-51</u>	REGISTRAR'S SIGNATURE <u>L B Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lewis Sarsaple mo</u> ADDRESS			

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

RECEIVED 6-8-51

Jasper County Health Office

County File Number 51/5/470

Date Filed 6-8-51

1951 JUN 17 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.