

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22887

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 28

0461  
0

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

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY OR TOWN <b>West Plains</b>		c. LENGTH OF STAY (in this place) <b>6 Hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stoll Hospital</b>		c. CITY OR TOWN <b>Alton</b>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>SARNEM ODEY BRASWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 15, 1879</b>	9. AGE (in years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Thos. Jefferson Braswell</b>	13b. MOTHER'S MAIDEN NAME <b>Artemitia Huddleston</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Braswell</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mildred Braswell</b>	ADDRESS <b>Alton, Mo.</b>
--	-------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
	DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Apoplexy 1950</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	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)	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 **7-17, 1951**, to **7-17, 1951**, that I last saw the deceased alive on **7-17, 1951**, and that death occurred at **8:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>West Plains, Mo</b>	23c. DATE SIGNED <b>7/25/51</b>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huddleston</b>	24d. LOCATION (City, town, or county) (State) <b>Alton, Missouri</b>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>7-27-51</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Thayer, Mo.</b>
---	--	---	----------------------------

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

RECEIVED

JUL 31 1951

Dist. File

Date Filed

85-1-1432

8-1-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leland Carter*

Licensed Embalmer No. *4516*

P. O. Address *Shawnee*

Signed.....  
Student Embalmer

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.