

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23339**

FILED JUL 31 1951

BIRTH NO. 7767-51 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Rural (Washington)</u>		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Rural (Washington)</u>	
c. LENGTH OF STAY (In this place) <u>5 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>103rd + Blue Ridge Extension</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103rd + Blue Ridge Extension</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond Earl</u> b. (Middle) <u>Braga</u> c. (Last) <u>Braga</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 25, 1951</u>		9. AGE (If years, last birthday) <u>0</u> UNDER 1 YEAR: Months <u>5</u> Days <u>24</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert W. Braga</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Ray Cupp</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert W. Braga</u>		ADDRESS <u>At #2 Hickman Mills Mo.</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congested Heart + Myocardia</u>			
	ANTECEDENT CAUSES Morbid 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 <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) m.	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 Jan 25, 1951, to 7/18/51, 1951, that I last saw the deceased alive on 7/18/51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. C. Carrier, M.P.</u> (Degree or title)	23b. ADDRESS <u>242 Glass Mill Bldg</u>	23c. DATE SIGNED <u>7/20/51</u>
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24a. BURIAL, CREMATION/REMOVAL (Specify)	24b. DATE <u>July 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/20/51</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie G. Hodges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark H. Everett</u> ADDRESS <u>Raytown Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

480

JUL 24 RECD

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 _____

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.