

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26282

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH a. COUNTY <u>Calloway 0143</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Calloway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>3 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton 0143</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 W. 5th</u>				d. STREET ADDRESS (If rural, give location) <u>206 W. 5th 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Bramlet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 18, 1855</u>		9. AGE (In years) (last birthday) <u>96</u>	10. UNDER 1 YEAR Months Days
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>Elberts Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas E. Bramlet</u>			13b. MOTHER'S MAIDEN NAME <u>Sakana French</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Sinclair</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. R. Dumas Fulton Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>  <u>30 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>					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 <u>9<sup>th</sup> Aug.</u> , 1950, to <u>12<sup>th</sup> Aug.</u> , 1951, that I last saw the deceased alive on <u>5<sup>th</sup> Aug.</u> , 1951, and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Andrew S. Lanier, M.D.</u>				23b. ADDRESS <u>Fulton, Missouri</u>		23c. DATE SIGNED <u>16<sup>th</sup> Aug. 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 16-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence 426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. J. Gordon</u>		ADDRESS <u>2<sup>nd</sup> St. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side by Robert B. Emery)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 20 1951

RECEIVED

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Lester Benway Sr.*

Licensed Embalmer No. *4712*

P. O. Address *Jemo.*

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.