

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38439

State File No.

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5992</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>POTNAM</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>LINCOLN TOWNSHIP</u> c. LENGTH OF STAY (In this place) <u>LIFE TIME</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POTNAM</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>LINCOLN TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>0868</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ATHA</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>BRAMHALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 30 1951</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>SEPT 10 1864</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>POTNAM COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES MIKELS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET PHILLIPS</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT BRAMHALL</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. C. GARDNER</u> ADDRESS <u>UNIONVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only once 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>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>Cerebral sclerosis</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) (Minute) (Second)	
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>1-15</u> , 19 <u>51</u> , to <u>10-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-29</u> , 19 <u>51</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. McDonald</u>		(Degree or title)		23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>11-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 2 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIENDSHIP CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POTNAM COUNTY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>11-15-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CM STOCK FUNERAL HOME</u>		ADDRESS <u>UNIONVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 20 1951
DISTRICT HEALTH OFFICE #1
District File Number //51-
Date Filed: NOV 20 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed James W. Cornstock

Licensed Embalmer No. 1197

P. O. Address Unionville, 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.