

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41504**  
**5500**

FILED JAN 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>—</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 CHARLOTTE</u>				d. STREET ADDRESS (If rural, give location) <u>610 CHARLOTTE 3/38</u>			
3. NAME OF DECEASED a. (First) <u>FRANK</u>		b. (Middle) <u>BRAILE</u>		c. (Last) <u>BRAILE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 21 51</u>	
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>3-5-85</u>		9. AGE (In years last birthday) <u>66</u> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 2 HRS. Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ITALY 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>RALPH BRAILE</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA ROJA ZIGNONE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY FRANCIS BRAILE</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>MARY FRANCIS BRAILE 610 CHARLOTTE</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>poxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>beriberi thrombosis</u> DUE TO (c) <u>beriberi sclerosis</u> 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>12/18/51</u> <u>12/18/51</u> <u>332+</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>12/18, 1951</u> , to <u>12/21, 1951</u> that I last saw the deceased alive on <u>12/21, 1951</u> , and that death occurred at <u>9A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. S. Bradley MD</u> (Degree or title)				23b. ADDRESS <u>1040 Argyle</u>		23c. DATE SIGNED <u>12/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM</u>		24d. LOCATION (City, town, or county) (State) <u>HICKMAN MILLS Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-22-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Helmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>		ADDRESS <u>CITY</u>	

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

1040  
Argyle Rd  
12 22 1910  
Saladino

1001

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K. P. Uno

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.