

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

538

State File No.

No. 300
10.48

FILED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 5

180

1. PLACE OF DEATH a. COUNTY <i>Carter</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Carter</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Van Buren, (rural)</i>	c. LENGTH OF STAY (in this place) <i>2 1/2 hrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Van Buren, Mo</i>	<i>0180</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home of John S. Deas</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print) <i>Arizona</i>	a. (First)	b. (Middle)	c. (Last) <i>BRAMS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>1-20-52</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>11-31-1892</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Carter Co, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry Yates</i>	13b. MOTHER'S MAIDEN NAME <i>Cindy Rhea</i>	14. NAME OF HUSBAND OR WIFE <i>Arnold Brams</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>499-32-8984</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Arnold Brams</i>	ADDRESS <i>New Phosces, Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Burned by fire</i>		INTERVAL BETWEEN ONSET AND DEATH
	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 <i>E9160</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>018 Carter Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1-20-52 6:15 A</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Burned in house</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Seaton Pewitt</i>	(Degree or title) <i>Cor.</i>	23b. ADDRESS <i>Van Buren Mo</i>	23c. DATE SIGNED <i>1-21-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>1-22-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>BRAMS</i>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>Jan. 26-1952</i>	REGISTRAR'S SIGNATURE <i>Mrs Oeta Henson</i>	50.0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Seaton Pewitt</i>	ADDRESS <i>Van Buren Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Seaton Peritt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren 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.