

S. No. 300
V. 10-48
FILED MAR 13 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDavis
6988
State File No. 163

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4493		Registrar's No. 163	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree Mo. 10/10			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) A			
3. NAME OF DECEASED (Type or Print) Luella		a. (First)		b. (Middle) Brawley		c. (Last)	
4. DATE OF DEATH Jan 25-1952		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 16-1887		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alvin R. Stotler		13b. MOTHER'S MAIDEN NAME Margaret Whitaker		14. NAME OF HUSBAND OR WIFE J. Simp Brawley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bunt Rutledge Birch Tree, Mo.			
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) Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterial tension 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 334X				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 1 a. m., from the causes and on the date stated above.							
23a. SIGNATURE R. J. Davis M.D.		(Degree or title)		23b. ADDRESS Birch Tree Mo.		23c. DATE SIGNED 3/9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-52		24c. NAME OF CEMETERY OR CREMATORY Oak Forest		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.	
DATE REC'D BY LOCAL REG. 3-10-52		REGISTRAR'S SIGNATURE Mike Raley 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Wtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Joe P. Duncan

Licensed Embalmer No.

4325

P. O. Address

St. Louis, 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.