

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7004

State File No.

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 8

1030

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Ridge</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Ridge</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Newton</u> c. (Last) <u>Brazzeal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1952</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 5, 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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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>Sikeston, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Brazzeal</u>	13b. MOTHER'S MAIDEN NAME <u>Nan Pratt</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Brazzeal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Brazzeal Gray Ridge, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Oct 7 to Feb 5 1952</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobular pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of neck</u> DUE TO (c) <u>Cancer of nose</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? <u>1991</u>

22. I hereby certify that I attended the deceased from Oct 7, 1951, to Feb. 5, 1952, that I last saw the deceased alive on Feb 5, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Brantley MD</u> (Degree or title)	23b. ADDRESS <u>_____ Mo.</u>	23c. DATE SIGNED <u>2-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter, cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Rose Wehner</u> <u>355</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>
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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.....

Signed.....
Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Center, 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.