

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7733

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5263 Registrar's No. 37

0220
1

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

| | | | | | | |
|--|-------------------------------|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Christain</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christain</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Linden</u> | | c. LENGTH OF STAY (in this place) <u>15 Yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Linden</u> <u>0220</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural, Christain</u> | | | d. STREET ADDRESS (If rural, give location) <u>Rural, Linden, Christain</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Brake</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1952</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 24, 1867</u> | 9. AGE (In years last birthday) <u>85</u> | If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____ | |
| 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 _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Doc Brake</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Riley</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. Nancy J. Brake</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 <u>Mrs. Nancy J. Brake</u> | | ADDRESS <u>Rogersville Mo</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>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cancer of prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>about 3 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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) <u>177X</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | |
| 22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>47</u> , to <u>Feb 21</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>52</u> and that death occurred at <u>7:30 am</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. R. Farthing M.D.</u> | | | 23b. ADDRESS <u>Ozark Mo</u> | | 23c. DATE SIGNED <u>2-20-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 23, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Linden Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Christain, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>March 15, 1952</u> | | REGISTRAR'S SIGNATURE <u>Nelson Blevins</u> <u>454</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin, Ozark, Mo.</u> | | |

MAR 2 1937

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.