

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8881

State File No.

FILED MAR 23 1952

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4259</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newark</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u> <u>1020</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>FRANCES</u>		c. (Last) <u>BRAgg</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>6</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan-9-1877</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 12 HRS. Hours <u>3</u> Min. <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John A. Christian</u>		13b. MOTHER'S MAIDEN NAME <u>Letha Ann Cadwell</u>	
14. NAME OF HUSBAND OR WIFE <u>H. M. Bragg</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Elin</u> ADDRESS <u>Newark 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Recurrent)</u> DUE TO (c) <u>2 weeks</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 ☐ NO ☒		331X	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>June, 1948</u> , to <u>March 5, 1952</u> , that I last saw the deceased alive on <u>March 5, 1952</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth G. Lower D.D.</u> (Degree or title)				23b. ADDRESS <u>Newark Mo.</u>		23c. DATE SIGNED <u>3/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 17-52</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt</u> <u>151</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>			

(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.....

.....*Myself*.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.