S. No. 300
EV. 10.48

APR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12133

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 167

0124
0

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lucy Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location): 822 Kinzer 0

3. NAME OF DECEASED (Type or Print)
a. (First): DEAN
b. (Middle): ALVIN
c. (Last): BRACE

4. DATE OF DEATH (Month) (Day) (Year): 4/4/1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 5/16/1903
9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hoisting Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Clemons, Iowa /
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Jesse A. Brace
13b. MOTHER'S MAIDEN NAME: Luella Keopple
14. NAME OF HUSBAND OR WIFE: Thelma Brace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-16-3356
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Thelma Brace Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis, chronic — 4 yrs.
DUE TO (c) Arterial Hypertension — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 592 X
20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Apr., *19*48, *to* 4 Apr., *19*52, *that I last saw the deceased alive on* 4 April, *19*52, *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Lester Harwell (Degree or title): J. Lester Harwell, M.D. MD
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: 5 April 1952
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/6/1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri
DATE REC'D BY LOCAL REG.: apr. 7-1952
REGISTRAR'S SIGNATURE: wm. H. Johnson 428-0
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 15 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-198

JUL 26 10

APR 19 1952

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 Wallace N. Fitch

Signed _____
Student Embalmer

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.