

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1952

State File No. 17286

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 4330		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0671</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>CLYDE</u> c. (Last) <u>BRACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 8, 1934</u>	
9. AGE (In years) (last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during normal working hours if retired) <u>High School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		9. AGE (In years) (last birthday) (Months) (Days) IF UNDER 18: Hours Mins. <u>17 11 2</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Big Sandy, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Big Sandy, Tenn.</u>			
13a. FATHER'S NAME <u>Walter O. Brack</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Allen</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter O. Brack East Prairie, 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>GUNSHOT WOUND IN CHEST. Accidentally</u> ANTECEDENT CAUSES <u>self-inflicted with a .22 Cal. Target</u> DUE TO (b) <u>Pistol. Bullet entered chest cavity</u> <u>between the short ribs on left side,</u> DUE TO (c) <u>ranged upward and medially toward</u> II. OTHER SIGNIFICANT CONDITIONS <u>heart. Death occurred in next 10 minutes</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>probably due to loss of blood internally.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>017 E9198 19</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 miles S.E. of East Prairie, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>On a bridge over #8 Ditch in Mississippi County.</u>			
21d. TIME OF INJURY <u>April 10, 1952 12:10 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Trying to remove cylinder to reload gun.</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER ONLY</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Dummer</u>				23b. ADDRESS <u>Charleston, Missouri</u>		23c. DATE SIGNED <u>5-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-20-52</u>		REGISTRAR'S SIGNATURE <u>Gertrude S. Harper</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paris Shelby East Prairie</u>			

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

Coroner



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 Harvis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.