No. 300
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FILED JUN 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19118

State File No.

BIRTH NO. REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6206 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raymondville
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raymondville Mo.
d. STREET ADDRESS (If rural, give location): 1070 X

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

4. DATE OF DEATH (Month) (Day) (Year): 6 4 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 18 1888
9. AGE (In years last birthday): 63
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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monroe Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Brashear
13b. MOTHER'S MAIDEN NAME: Maggie Miller
14. NAME OF HUSBAND OR WIFE: Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 491-12-4832
17. INFORMANT'S SIGNATURE OR NAME: J. E. Brashear
ADDRESS: Raymondville 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): Coronary Thrombosis
DUE TO (b): Found dead in bed
DUE TO (c):

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 42.01
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Kirkman (Degree or title): Sheriff
23b. ADDRESS: Houston Mo
23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-52
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Texas Co. Mo

DATE REC'D BY LOCAL REG.: June 9-52
REGISTRAR'S SIGNATURE: Myrtle Craig 327
25. FUNERAL DIRECTOR'S SIGNATURE: Elliott Funeral Home
ADDRESS: Houston Mo

(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.....

..... No Embalmer, Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.