

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23377

FILED JUN 30 1952
BIRTH NO. _____ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6206 Registrar's No. 22

070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raymondville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Raymondville, Mo</u>	
c. LENGTH OF STAY (In this place) <u>42 yrs.</u>		d. STREET ADDRESS <u>1078</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) _____ c. (Last) <u>BRASHEAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 29, 1879</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>10 37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Houston, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>James Henry Haney</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Lee Brashear</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katie Musgrove Raymondville</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 Vascular Accident (stroke)</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Arteriosclerotic degenerative decompensated Heart Disease grade IV</u> DUE TO (c) <u>Diabetes mellitus poorly controlled</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260X</u>	

22. I hereby certify that I attended the deceased from Apr 5, 1952 to Jan 24, 1952, that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Burns M.D.</u> (Degree or title)		23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>6/25/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>					

DATE REC'D BY LOCAL REG. <u>June 27-52</u>		REGISTRAR'S SIGNATURE <u>Muriel Craig 327</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott Funeral Home Houston Mo</u>	
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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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.