

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24268

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 3

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wetzel Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp. 0710</u> d. STREET ADDRESS (If rural, give location) <u>7 miles south Stover</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) <u>Owen</u> c. (Last) <u>Braden</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 17, 1952</u>						
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 17, 1878</u>	<b>9. AGE</b> (In years last birthday) <u>73</u>	<b>10. MONTHS</b> <u>10</u>	<b>11. YEARS</b> <u>10</u>	<b>12. HOURS</b> <u>10</u>	<b>13. MIN.</b> <u>10</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farm</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Morgan County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Andrew Braden</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jane Summers</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wilma Braden</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Wilma Braden</u> <u>Stover, Mo.</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Respiratory failure</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Medullary failure</u> DUE TO (c) <u>Toxemia with renal failure</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3-4 minutes</u> <u>3-4 minutes</u> <u>4-5 hours</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>7/16/52</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Grossly hypertrophied prostate</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from Dec. 30, 1950, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 9:20 P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Thomas P. Wescott D.O.</u>	<b>23b. ADDRESS</b> <u>Stover, Mo.</u>	<b>23c. DATE SIGNED</b> <u>7/18/52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>July 20, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Trinity Chapel Cem.</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Morgan County, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>July 20-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Florence Adams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>L. Stevinson</u> <u>Stover, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

422

S. No. 300 JUL 28 1952  
V. 10-48

**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

*J. L. Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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.