

STANDARD CERTIFICATE OF DEATH

State File No. 25441

FILED JUL 22 1952 38121
BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Reynolds 0900 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerville c. LENGTH OF STAY (in this place) short d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY Reynolds c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Centerville Mo 0900 d. STREET ADDRESS (If rural, give location) Just at so. edge of city	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Leonard c. (Last) Brawley		4. DATE OF DEATH (Month) (Day) (Year) June 6 1952	
5. SEX Male	6. COLOR OR RACE wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH June 6 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Chas. F. Brawley	
13b. MOTHER'S MAIDEN NAME Dulcie Lucille Williams		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs Brawley (mother)		ADDRESS Centerville	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature rupture of membrane ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature child (5th mo) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7615	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>was not attended</u> , 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 E. M. Litzke (Degree or title)		23b. ADDRESS Centerville Mo	
23c. DATE SIGNED 7/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 52	
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Near Centerville Mo.	
DATE REC'D BY LOCAL REG. 7/18/52		REGISTRAR'S SIGNATURE E. M. Litzke	
25. FUNERAL DIRECTOR'S SIGNATURE none		ADDRESS	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

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.