

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27473**

**FILED SEP 8 - 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5281** Registrar's No. **56**

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

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Clark</b>	
b. CITY OR TOWN (If outside corporate limits, write rural and give township) <b>Kahoka rural</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Kahoka</b>	
c. LENGTH OF STAY (In this place) <b>24 day</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smith Boarding Home</b>			

3. NAME OF DECEASED a. (First) <b>DOLLIE</b> c. (Last) <b>BRAMMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3 1952</b>		
(Type or Print) <b>DOLLIE JANE BRAMMER</b>					

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 10-18 72</b>	9. AGE (In years) (Month) (Day) (Year) <b>80</b>	IF UNDER 18: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Clark Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Cynthia Vice</b>	14. NAME OF HUSBAND OR WIFE <b>Benjamin E. Brammer</b>
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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 <b>Edgar Brammer</b> ADDRESS <b>Wayland Mo.</b>
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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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic nephritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>592 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1950** to **Sep 3, 1952**, that I last saw the deceased alive on **8/24, 1952**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. B. Bridges MD</b> (Degree or title)	23b. ADDRESS <b>Kahoka Mo.</b>	23c. DATE SIGNED <b>9-6-1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 6, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kahoka Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kahoka Mo.</b>
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DATE REC'D BY LOCAL REG. <b>915-52</b>	REGISTRAR'S SIGNATURE <b>H. B. Bridges</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Guttinger</b> ADDRESS <b>Kahoka</b>
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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 Oliver L. Sutter

Licensed Embalmer No. 2965

P. O. Address Lurray

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.