S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28993

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Arlington Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doolittle - Hwy 66

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

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Earnest
c. (Last): Bramel

4. DATE OF DEATH (Month) (Day) (Year): Sept 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20-1925
9. AGE (In years last birthday): 27 — If under 1 year: Months 3, Days 13 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mec
10b. KIND OF BUSINESS OR INDUSTRY: Auto Repair
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Oscar Bramel
13b. MOTHER'S MAIDEN NAME: Maggie Peck
14. NAME OF HUSBAND OR WIFE: Dorothy Bramel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-22-3648
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Bramel — ADDRESS: Newburg Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of skull with destruction of brain. Crushed chest. — Interval between onset and death: Instant

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) Automobile accident. Caught beneath overturned car.

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) 281 (COUNTY) (STATE): Doolittle, Arlington Phelps Mo.,
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 3, 1952 2:00AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR: Lost control of car no other vehicles involved.

22. I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on Sept. 3, 1952, and that death occurred at 2:00AM m., from the causes and on the date stated above.

23a. SIGNATURE: S. L. Nell (Degree or title) Coroner Phelps County Mo.
23b. ADDRESS: 508 West 8th St., Rolla Mo.,
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 4-1952
24c. NAME OF CEMETERY OR CREMATORY: Newburg Cemetery
24d. LOCATION (City, town, or county) (State): Newburg Mo
DATE REC'D BY LOCAL REG.: Sept. 4, 1952
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: Lee Johnson — ADDRESS: Newburg Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
County Health Officer
9-
9-8-52
OCT 8 1952

SEP 12 1956

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.