

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **256**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **171**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 305 E. Cliff St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 E. Cliff St.		d. STREET ADDRESS (If rural, give location) 305 E. Cliff St.	

3. NAME OF DECEASED (Type or Print) a. (First) JEANNE b. (Middle) MARIE c. (Last) BRACESCO			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 3, 1875		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 11 Days 23 IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Paris France		12. CITIZEN OF WHAT COUNTRY? France

13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Antoine Bracesco			
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 ADDRESS Sgt. Leonard Edwards, 305 E. Cliff St., St. Joseph, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular accident.		INTERVAL BETWEEN ONSET AND DEATH 1 year.
	ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		4-5 years
	DUE TO (c) arteriosclerotic heart disease		4-5 years
	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 4200		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) m.	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 **Sept**, 19**51**, to **Jan**, 19**53**, that I last saw the deceased alive on **Jan 24**, 19**51**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cloris H. Biggins M.D.		23b. ADDRESS 1302 Forum St. St. Joseph, Mo.		23c. DATE SIGNED 1-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/53	24c. NAME OF CEMETERY OR CREMATORY West Powhattan Cemetery	24d. LOCATION (City, town, or county) (State) Brown County Kansas	
DATE REC'D BY LOCAL REG. Feb. 7, 1953	REGISTRAR'S SIGNATURE Carl C. Casey	25. FUNERAL DIRECTOR'S SIGNATURE Clark F. Clark	ADDRESS 120 Illinois Av	

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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.