

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8716

State File No.

FILED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 29

1. PLACE OF DEATH
 a. COUNTY Barton
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar, Missouri
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Barton
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar, Missouri
 d. STREET ADDRESS (If rural, give location) 1206 Popular St.

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Braden c. (Last) Braden
 4. DATE OF DEATH (Month) (Day) (Year) April 1, 1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
 8. DATE OF BIRTH Dec. 27, 1886 9. AGE (In years last birthday) 66 If UNDER 1 YEAR: Months 3 Days 4 If UNDER 24 HRS. 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) Maroa, Illinois
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Franklin Braden 13b. MOTHER'S MAIDEN NAME Rebecca Bennett 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX
 16. SOCIAL SECURITY NO. XXX
 17. INFORMANT'S SIGNATURE OR NAME Charles Braden, Lamar, Missouri R#4 ADDRESS

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene R Foot
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Diabetic condition
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 4 w

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) LAMAR Barton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1953, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Guedner M.D. 23b. ADDRESS LAMAR 23c. DATE SIGNED 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr 3 1953 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Barton County, Missouri

DATE REC'D BY LOCAL REG. 4-3-53 REGISTRAR'S SIGNATURE Marie Konantz 14-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri

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

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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 _____

Carl Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.