

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12985

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) Miller	c. (Last) Brackney	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 17, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Day Labor	11. BIRTHPLACE (City and State or Foreign Country) Brazil, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ezra Brackney	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Donna Brackney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) X X 498-10-5959	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donna Brackney Dexter, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	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"/> 334X
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 26, 1953, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 18, 1953, and that death occurred at 9 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS Dexter Mo.	23c. DATE SIGNED 3/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-10-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Sikeston, Mo.
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DATE REC'D BY LOCAL REG. 3/18/53	REGISTRAR'S SIGNATURE <u>[Signature]</u> 409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 Walter Marsh Watkins

Licensed Embalmer No. 4747

P. O. Address Peoria, 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.