

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13450

State File No.

FILED MAY 11 1953

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>169</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Callaway</u> <u>0140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Portland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Adolph</u>		b. (Middle) <u>Otto</u>		c. (Last) <u>Brashear</u>		
			4. DATE OF DEATH		Month <u>May</u> Day <u>2</u> Year <u>1953</u>				
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 21, 1878</u>		9. AGE (In years last birthday) <u>75</u>	
						IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Portland Missouri</u> <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred Brashear</u>			13b. MOTHER'S MAIDEN NAME <u>Rosa Ahrens</u>			14. NAME OF HUSBAND OR WIFE <u>Inez Brashear</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>486 14 4246</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Inez Brashear</u> ADDRESS <u>Portland Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES						<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Urinary obstruction (Prostatic)</u>						?	
		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 <u>ColoX</u>						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 <u>4-29-1953</u> , to <u>5-2-1953</u> that I last saw the deceased alive on <u>5-1-1953</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Spencer Brown</u> (Degree or title)				23b. ADDRESS <u>Fulton</u>		23c. DATE SIGNED <u>5-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portland Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 4 - 1953</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Home</u> ADDRESS <u>Fulton Mo</u>					

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

6881 6 NNCJ

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.....
Signature of Student Embalmer

Signed *J. C. Ross*.....

Licensed Embalmer No. *2555*.....

P. O. Address *Authton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.