

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23761**

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 245
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (In this place) 16 Mon	c. CITY (If outside corporate limits, write RURAL and give township) Kirksville 00130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Com. Nurs. Home #2.		d. STREET ADDRESS (If rural, give location) 603 W. Pierce		
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) E.	c. (Last) Brackney	
4. DATE OF DEATH Aug. 1, 1953		5. SEX F / 6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 25, 1880		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frederick Sempf		
13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE George H. Brackney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jake Dodson, Kirksville, Mo
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Cerebral Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Vascular changes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E associated Nidato Mellitus		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4-1 1952 to 8-1 1953 , that I last saw the deceased alive on 8-1 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ward A. Boone		23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 8-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/3/53		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery
24d. LOCATION (City, town, or county) (State) Gibbs, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. [Signature]		
DATE REC'D BY LOCAL REG. 8-2-53		REGISTRAR'S SIGNATURE Walter Lambert		ADDRESS Kirksville, Mo.

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

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Ficksville, 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.