

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38741**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1093**

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 2 months		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp.				e. STREET ADDRESS (If rural, give location) 1906 North Douglas Ave., 0396				
3. NAME OF DECEASED (Type or Print) a. (First) LEE		b. (Middle) ROY		c. (Last) BRAME		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 14, 1889		
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Dade County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Brame			13b. MOTHER'S MAIDEN NAME Nancy Parker			14. NAME OF HUSBAND OR WIFE Cora Brame		
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. 546-12-1647		17. INFORMANT'S SIGNATURE OR NAME Cora Brame		ADDRESS Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized metastasis DUE TO (c) Fibro Sarcoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intest. Lesion of Free					INTERVAL BETWEEN ONSET AND DEATH 3 days 6 months	
19a. DATE OF OPERATION July 2 1953		19b. MAJOR FINDINGS OF OPERATION Fibro Sarcoma				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) (Min.)		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 July 1, 1953 , to Dec 7, 1953 that I last saw the deceased alive on Dec 7, 1953 , and that death occurred at 4:20 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Daniel L. Yancey M.D.				23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 12/9/1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/10/1953		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Dadeville, Missouri		
DATE REC'D BY LOCAL REG. 12-11-53		REGISTRAR'S SIGNATURE Earl Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AYRE-GOODWIN FUN'L SERVICE, Spgfld, Mo				

(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
SPRINGFIELD, MISSOURI
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.....
Signature of Student Embalmer

Signed.....
Harry C. [Signature]

Licensed Embalmer No...4.5.9.

P. O. Address Springfield.

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.