

STANDARD CERTIFICATE OF DEATH

State File No. **43903**

FILED DEC 15 1953

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 4413		Registrar's No. 147		
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKFORD		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKFORD		d. STREET ADDRESS (If rural, give location) 0820		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) FREEMAN			a. (First)		b. (Middle) BRAMBLETT		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
DEC 1		1953		1953		1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT 22-1875		
9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frankford Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME ASHBY BRAMBLETT		13b. MOTHER'S MAIDEN NAME ELIZABETH GILBERT		14. NAME OF HUSBAND OR WIFE EDITH BRAMBLETT				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Margorie Fisher, Frankford 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES		DUE TO (b) Exposure						
		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 493X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 , 19 46 to Dec 1 , 19 53 , that I last saw the deceased alive on Nov. 30 , 19 53 , and that death occurred at 1:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) of E. P. Hansen				23b. ADDRESS Do. of Frankford Mo.		23c. DATE SIGNED Dec. 1 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2-53		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Frankford Mo.		
DATE REC'D BY LOCAL REG. Dec 2, 1953		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE 324 Julia Fisher		ADDRESS Frankford Mo		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John Julius Ferguson

Licensed Embalmer No. 409B

P. O. Address Frankford Pa

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.