

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43974**
Registrar's No. **25**

0900

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clington Rural Logan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clington Rural Logan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 21 - N. of Clington		d. STREET ADDRESS (If rural, give location) Rural 2 1/2 mi North of Clington	
3. NAME OF DECEASED (Type or Print) a. (First) Fredrick b. (Middle) Irving c. (Last) Brawley		4. DATE OF DEATH (Month) (Day) (Year) Dec 24, 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept 26, 1882
9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months 2 Days 28	# UNDER 1 MIN. Hours Mins. 	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Clington, Mo.	
13a. FATHER'S NAME Clifford D. Brawley		13b. MOTHER'S MAIDEN NAME Mary Jane Cooley	
14. NAME OF HUSBAND OR WIFE Mr. Cassie Anna Brawley		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS John Brawley - Clington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Heart) Coronary Occlusion		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"/>
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) Clington (STATE) MO.	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. L. Pyle, Coronel		23b. ADDRESS Centerville, Mo.	23c. DATE SIGNED 12/24/53
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Dec 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Clington	24d. LOCATION (City, town, or county) (State) MO.
DATE REC'D BY LOCAL REG. Dec 29/53	REGISTRAR'S SIGNATURE E. E. Eason	1276	5. GENERAL DIRECTOR'S SIGNATURE Seaton Purcell Van Buren ADDRESS MO.

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

Received 1-12-54
Reynolds County Health Center
File No. 154 - 8

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.