

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 5 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4488 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> <u>1000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MORLEY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MORLEY</u> <u>70-000</u>	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DALLIE</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>BRASHEARS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 27, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>2 SEPT. 9, 1879</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Blodgett, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HUGH MADDEN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CONDER</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Neely BRASHEARS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE E. BRASHEARS - ORAN, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gen. arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>indef.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>fracture (remote) of left -</u>			<u>years</u>
		DUE TO (c) <u>fever - chronic ulceration over tibia</u>			<u>years</u>
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>733 X</u>			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) 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 5/19, 1953, to 1/26, 1954, that I last saw the deceased alive on 1/26, 1954, and that death occurred at 1-104 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>7. T. O. Dell, M.D.</u>		23b. ADDRESS <u>Oran, Mo.</u>		23c. DATE SIGNED <u>1/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Morley Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>MORLEY, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-29-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oella Dichter</u> <u>429-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Bieplinghoff - Chaffee, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 1 1954

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 254.30

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.