

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5641

State File No. ....

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 197 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Demassat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demassat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>	c. LENGTH OF STAY (in this place) <u>75 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele, Virginia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>St 2 Prof</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u> b. (Middle) c. (Last) <u>Braun</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-54</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>at 84</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>at 84</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Vicksburg Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mass Vinson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Lee Lolley</u>	ADDRESS <u>Steele Rt 2</u>
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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) <u>Coronary thrombosis - Sudden</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Insane F</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Steele Demassat Mo</u>
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 1-24, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Chapman M.D.</u>	(Degree or title)	23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>2-9-54</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-8-54</u>	REGISTRAR'S SIGNATURE <u>J. R. Chapman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>German Undert Co</u>	ADDRESS <u>Steele, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

2-33-54

PEMISCOT COUNTY HEALTH DEPARTMENT

COURTHOUSE PHONE 79

CARUTHERSVILLE, MO.

FEB 16 1954

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.....

*John W. German*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.