

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8019**

0200
FILED MAR 22 1954
BIRTH NO. REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **4106** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Jerico Spg.		c. LENGTH OF STAY (in this place) 61 1/2	
c. CITY (If outside corporate limits, write RURAL and give township) Jerico Spg.		d. STREET ADDRESS (If rural, give location) 0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) CHARLES - FRANCIS - BRASHER		4. DATE OF DEATH (Month) (Day) (Year) 3 - 15 - 1954	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-20-1892
9. AGE (in years last birthday) 61		10. IF UNDER 1 YEAR Months 11	11. IF UNDER 12 Mths. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Route Carrier		10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier	
11. BIRTHPLACE (City and State or Foreign Country) Jerico Spg. Mo		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME D. S. Brasher		13b. MOTHER'S MAIDEN NAME Minnie Brasher		14. NAME OF HUSBAND OR WIFE Lutie Brasher	
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.		17. INFORMANT'S SIGNATURE OR NAME Lutie Brasher, Jerico Spg. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with DUE TO (c) nephritis					
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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on March 15, 1954 , and that death occurred at 2:15 A.M. from the causes and on the date stated above.					
23a. SIGNATURE D. B. Brasher		23b. ADDRESS Jerico Spg. Mo		DATE SIGNED 3-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1954		24c. NAME OF CEMETERY OR CREMATORY Anna Cath. Cem.	
24d. LOCATION (City, town, or county) (State) 1 mile S.E. Jerico Spg. Mo		24e. NAME OF FUNERAL DIRECTOR Norma Zimmerman		24f. ADDRESS P. Long, Jerico Spg. Mo	
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE Norma Zimmerman		25. FUNERAL DIRECTOR'S SIGNATURE P. Long	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1954

APR 22 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *R. D. [Signature]*

Licensed Embalmer No. 3714

P. O. Address Re view [Signature]

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.