

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26192**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Monett		c. CITY OR TOWN Monett, Rural 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital		d. STREET ADDRESS (If rural, give location) East of Monett 1	
3. NAME OF DECEASED (Type or Print) Alma Braden		4. DATE OF DEATH Sept. 6 - 1954	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Oct. 1 - 1893	
9. AGE (In years last birthday) 70		10. MONTH 11 DAY 6 HOUR MIN. 	
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	
11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Noah Hoffman		13b. MOTHER'S MAIDEN NAME Sarah Allen	
14. NAME OF HUSBAND OR WIFE Edward Braden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Edward Braden, Monett Mo.		ADDRESS Monett 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix INTERVAL BETWEEN ONSET AND DEATH 5 yrs ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 171X	
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) (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 May 49 , 19____, to Sept 6 , 19 54 , that I last saw the deceased alive on Sept 6 , 19 54 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Frank R. M.D. (Degree or title)		23b. ADDRESS Monett Mo.	
23c. DATE SIGNED 9-10-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8 - 1954	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) North of Monett Mo.	
DATE REC'D BY LOCAL REG. 9-11-54		REGISTRAR'S SIGNATURE Katherine Henderson 487-9	
FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington		ADDRESS Monett, Mo.	

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 954-100

DATE REC. 9-14-54

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. G. Besselt

Licensed Embalmer No. 4213

P. O. Address Monett, 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.