

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42055

State File No.

BIRTH NO.		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6036</u>		Registrar's No. <u>492</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Shirley twp.</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>0910</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 mi. West of Doniphan</u>				e. STREET ADDRESS (If rural, give location) <u>15 MI. WEST OF DONIPHAN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lonnie</u>		b. (Middle) <u>Herman</u>		c. (Last) <u>Brashear</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractic physician</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>April 23, 1887</u>		9. AGE (In years last birthday) <u>67</u> <u>7</u> <u>12</u> <u>---</u> <u>---</u> <u>---</u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Union County, Kentucky, U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>(UNKNOWN) BRASHEAR</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Ann Brashear</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olive Ann Brashear</u> ADDRESS <u>Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>17 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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. <u>---</u> <u>---</u> <u>---</u> <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1 - 1954</u> to <u>Dec 10 - 54</u> , that I last saw the deceased alive on <u>Dec 10, 1954</u> , and that death occurred at <u>10:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Ink, M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>12/11/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BROWN CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BROWN CITY, MICHIGAN</u>	
DATE REC'D BY LOCAL REG. <u>12-12-54</u>		REGISTRAR'S SIGNATURE <u>E. J. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meemar</u> ADDRESS <u>Doniphan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *Ray M. Eames*

Licensed Embalmer No. *3743*

P. O. Address *Donipha*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.