No. 300
10.48

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16260

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 61

841

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolivar
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk
c. CITY OR TOWN Bolivar
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 0841

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Louis c. (Last) Brashear
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1955
5. SEX M
6. COLOR OR RACE wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Dec. 27 1899
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Sawmill Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sawmill Work
11. BIRTHPLACE (City and State or Foreign Country) Bolivar Polk Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John W. Brashear
13b. MOTHER'S MAIDEN NAME Van Rachel Stafford
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Frank Brashear ADDRESS Bolivar 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH ✓

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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
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) 7824
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased from May 7, 1955, to _____, 19__, that I last saw the deceased ~~alive~~ on May 7, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Willard B. Erwin Coroner Polk Co Missouri
23b. ADDRESS Bolivar, Mo.
23c. DATE SIGNED 5/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 11 1955
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) Bolivar (State) Mo

DATE REC'D BY LOCAL REG. 5-24, 1955
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon
FUNERAL DIRECTOR'S SIGNATURE Erwin & Blue ADDRESS Bolivar Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No 3092

P. O. Address Bulinar, S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.