

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1955

State File No. 26740

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY OR TOWN JOACHIM, T. PAI PEVELY		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN GLEN PARK		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 1 Family				e. STREET ADDRESS (If rural, give location) RR # PEVELY			
3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD			b. (Middle) EDMOND		c. (Last) BRAKEFIELD		4. DATE OF DEATH (Month) (Day) (Year) AUG. 7 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 5, 1925		9. AGE (in years last birthday) 30	IF UNDER 1 YEAR Months Days	IF UNDER 2 WRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ISHMAEL, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE BRAKEFIELD			13b. MOTHER'S MAIDEN NAME BESSIE MIDYETT		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. BESSIE BRAKEFIELD RPAI PEVELY MO. ADDRESS			
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) Accidental Death by						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) Mail train. Death due						
	DUE TO (c) Head injury						
	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 E 802 X 35				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) 500			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. D. Edwards M.D. Coronar (Degree or title)				23b. ADDRESS Ordor Hill mo		23c. DATE SIGNED 8/5/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 9, 1955	24c. NAME OF CEMETERY OR CREMATORY UNITED BAPTIST		24d. LOCATION (City, town, or county) (State) INDIAN CREEK, MO.		
DATE REC'D BY LOCAL REG. 8-8-55		REGISTRAR'S SIGNATURE Jesse G. Ford		25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady ADDRESS CRYSTAL CITY, MO.			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 17 1955

AUG 25 1955

AUG

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 *James Richard Cady*
Licensed Embalmer No. *430*
P. O. Address *CRYSTAL CITY*

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.