

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36627

State File No. _____

FILED DEC 7 1955

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Twp. Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Trenton R.F.D. #4</u>		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 <u>Cullers Hospital</u>			f. STREET ADDRESS (If rural, give location) <u>Trenton, Missouri</u>		

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Embry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1955</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	-----------------------------------	--	--	--

13a. FATHER'S NAME <u>Theopolis Bratton</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Ann Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Embry</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.D. Brightenbucher</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>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia - Right</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>14 days</u>
---	--	--	--	--	---

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) m.		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 11-21-, 1955, to 12-4-, 1955; that I last saw the deceased alive on 12-4-, 1955, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Gibson M.D.</u>		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>12-6-55</u>	
--	--	-----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bratton Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton R.F.D. 4 Mo.</u>		
--	----------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <u>12-6-55</u>	REGISTRAR'S SIGNATURE <u>Gene Saw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gipson's Funeral Home</u>		
--	--	--	--	--	--

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

1957
FEB 20 1957
MAR 7 1958
JAN 15 1958
JAN 4 1958
AUG 21 1958

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 *Carl M. Keeny*

Licensed Embalmer No. 351

P. O. Address *.....*

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.