

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37749

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY OR TOWN <u>Frankford</u>	
c. LENGTH OF STAY (in this place) <u>6 da</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>		STREET ADDRESS (If rural, give location) <u>0920</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> (Middle) <u>JANE</u> (Last) <u>BRAMBLET</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 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>DEC. 7 - 1871</u>
9. AGE (In years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CEDAR HILL TENN</u>	
13a. FATHER'S NAME <u>WASH JONES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GILBERT</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN EDGAR BRAMBLET</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>70</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arnold Uhl</u>		ADDRESS <u>Louisiana 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Overwhelming tracheo. Bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Circulatory Vascular failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>501X</u>	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-23, 1955</u> , to <u>10-30 1955</u> , that I last saw the deceased alive on <u>10-30, 1955</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) of <u>Dr. Kenneth D. ...</u>		23b. ADDRESS <u>Louisiana, Mo.</u>	
23c. DATE SIGNED <u>11-4-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 1 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jarvis Cem.</u>		24d. LOCATION (City, town, or county) <u>Frankford, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Dernie Callers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leeds-Megaw</u>		ADDRESS <u>Frankford Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
Lawrence J. Mequon

Licensed Embalmer No. 40

P. O. Address *Franklin*

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