No. 300
10.48

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1584

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 48

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diamond
d. STREET ADDRESS (If rural, give location): Diamond

0130 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): LEE
c. (Last): BRADEN

4. DATE OF DEATH (Month) (Day) (Year): JAN. 27-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19-1896
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 11 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: lead + zinc mines
11. BIRTHPLACE (State or foreign country): Yardell - Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas L. Braden
13b. MOTHER'S MAIDEN NAME: Martha Jane Hurst
14. NAME OF HUSBAND OR WIFE: Winnie Braden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War I
16. SOCIAL SECURITY NO.: 509-05-8814
17. INFORMANT'S SIGNATURE OR NAME: Winnie Braden - Diamond, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute cor pulmonaly — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crush injury to chest and — 22 Jan 27 Jan
DUE TO (c): Pulmonary Silicosis — 4 years duration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
8234

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 32
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 166 - 3 mile west Baxter Springs
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Baxter Springs, Cherokee, Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 22 1956 9:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car rolled, roof crushed in.

22. *I hereby certify that I attended the deceased from* 22 Jan, 1956, *to* 22 Jan, 1956, *that I last saw the deceased alive on* 22 Jan, 1956, *and that death occurred at* 8:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard H. Clarbour, III M.D.
23b. ADDRESS: 1101 E Military, Baxter Springs
23c. DATE SIGNED: 1-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 31-1956
24c. NAME OF CEMETERY OR CREMATORY: GAR
24d. LOCATION (City, town, or county) (State): Miami - Ottawa - Okla.

DATE REC'D BY LOCAL REG.: 2-3-56
REGISTRAR'S SIGNATURE: Dovie Merriam
526
25. FUNERAL DIRECTOR'S SIGNATURE: Paul Thomas - Picher, Okla.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 13 1956
Jasper County Health Office
County File Number 56-2-134
Date Filed FEB 13 1956

FEB 15 1956

FEB 17 1956

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Paul Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Picher, Okla.

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