FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3984

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (in this place): 9 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALLAWAY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
d. STREET ADDRESS (If rural, give location): 831 STATE STREET

0143

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): MAE
c. (Last): BRAXTON

4. DATE OF DEATH (Month) FEB. (Day) 28 (Year) 56.

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JULY 8, 1885
9. AGE (In years last birthday): 70 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): FRANKFORD MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: CHARLES COX
13b. MOTHER'S MAIDEN NAME: MAGGIE CLEAVER
14. NAME OF HUSBAND OR WIFE: JOHN BRAXTON, DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500 34 2840
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: John W. Braxton Fulton 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) Myocarditis & failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive CVR plus toxemia — 1 yr
DUE TO (c) from postoperative exhaustion — 20 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon with obstruction — 6 months 60 days

19a. DATE OF OPERATION: 28 Dec 55
19b. MAJOR FINDINGS OF OPERATION: Dissection 11 colon for Carcinoma transverse colon
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): 153X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* 28 Feb, 1956, *that I last saw the deceased alive on* 28 Feb, 1956, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 2 March 56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 3, 56.
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT VIEW
24d. LOCATION (City, town, or county) (State): NEW LONDON, MISSOURI

DATE REC'D BY LOCAL REG.: March 2-1956
REGISTRAR'S SIGNATURE: Martha Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Tony T. Bell, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

I, ..., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry T. Bell

Licensed Embalmer No. 4867

P. O. Address Fulton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

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