Dr. Lurie Pref.

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16030

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 499

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield / Inside Limits Yes X No ☐	c. CITY OR TOWN Springfield 0396 0 Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1502 W. Thoman Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) 1502 W. Thoman Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle HAROLD Last BRAZEAL

4. DATE OF DEATH Month May Day 30 Year 1956

5. SEX M.

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 18, 1910

9. AGE (In years last birthday) 46 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Forsyth, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rufus Brazeal

14. MOTHER'S MAIDEN NAME Alice Oliver

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. 491-03-4044

17. INFORMANT Arkie Brazeal Address 1502 W. Thoman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease — ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-17-56, to 5-11-56 and last saw her/him alive on 5-18-56

Death occurred at 3:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold H. Lurie, M.D.

22b. ADDRESS 609 Cherry Springfield, Mo

22c. DATE SIGNED 5-31-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 2, '56

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cemetery

23d. LOCATION (City, town, or county) (State) Branson, Missouri

24. FUNERAL DIRECTOR Ayre-Goodwin ADDRESS Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 6-1-56

26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Weir

Licensed Embalmer No. 4

P. O. Address Springfi

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.