FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20141
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 572

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 C — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Handley Memorial — Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 1517 N.Lexington — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: William	Middle: Hiram	Last: Brashear
4. DATE OF DEATH	Month: June	Day: 23	Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: August 1883
9. AGE (In years last birthday): 72	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): Stock Dealer	10b. KIND OF BUSINESS OR INDUSTRY: Live stock	11. BIRTHPLACE (City and state or country): Ordrain County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Guy Brashear		14. MOTHER'S MAIDEN NAME: Rosa Timmond	
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.: None	17. INFORMANT: Mrs.Flora Brashear — Address: Springfield Mo 1517 N.Lexington	

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) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

UNATTENDED BY A PHYSICIAN

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~~ ____ to June 23, 1956 ~~and last saw him alive on~~ ____
Death occurred at 7:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edith Williamson, Local Registrar of Vital Statistics	22b. ADDRESS: Greene County Health Dept Springfield, Missouri	22c. DATE SIGNED: 6-26-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-25-56	23c. NAME OF CEMETERY OR CREMATORY: Hazelwood	23d. LOCATION (City, town, or county) (State): Springfield Mo.
24. FUNERAL DIRECTOR: Hiams & Son — ADDRESS: Springfield Mo	25. DATE RECD. BY LOCAL REG.: 6-26-56	26. REGISTRAR'S SIGNATURE: Edith Williamson	

(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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Lee Mason

Licensed Embalmer No. 45

P. O. Address Springfie

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.