

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH20199  
STATE FILE NUMBERRegistration District No. 128 Primary Registration District No. 2000 Registrar's No. 525-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u> <u>2346</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS <u>1100 M<sup>c</sup> Gee</u>	
Length of stay in 1b <u>31 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>John-Samuel-M<sup>c</sup>Brayer</u>			4. DATE OF DEATH <u>June 7-1956</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>May 19-1899</u>		
9. AGE (In years last birthday) <u>57</u>			IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale supplies</u>		11. BIRTH PLACE (City and state or country) <u>Jamesport, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Jasper Edward M<sup>c</sup>Brayer</u>		
14. MOTHER'S MAIDEN NAME <u>Jennie Cropper</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>489-10-5360</u>			17. INFORMANT <u>Mrs. Itress M<sup>c</sup>Brayer-Springfield, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma, right lung, with metastasis to chest wall and diaphragm. Large carcinomatous mass involving right upper lobe, chest wall and diaphragm.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)
		DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
19. WAS AUTOPSY PERFORMED? <u>162X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour <u>4:00</u> Month <u>May</u> Day <u>29</u> Year <u>1956</u> a. m. <u>p.</u> m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 May 29, 1956 to June 7, 1956 and last saw him alive on June 7, 1956  
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John W. Polk, M.D.</u>	(Degree or title)	22b. ADDRESS <u>604 Medical Arts Bldg., Springfield, Missouri</u>	22c. DATE SIGNED <u>6/8/56</u>
23a. BURIAL OR CREMATION <u>Burial</u>	23b. DATE <u>June 11-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
24. FUNERAL DIRECTOR <u>Dr. James</u>	ADDRESS <u>Springfield, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>6-14-56</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Williams</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be completed in duplicate. One copy must be retained by the coroner and the other copy must be returned to the registrar.

JUN 18 1958

MAR 18 1958

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 \_\_\_\_\_  
Licensed Embalmer No. 3

P. O. Address Springf

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.