

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24719

State File No.

FILED JUL 24 1956

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY OR TOWN <u>WEBB -</u>		c. CITY OR TOWN <u>RURAL WEBB-TOWNSHIP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>✓ Near Piedmont Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NEONA</u>	b. (Middle)	c. (Last) <u>BRAWLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 12 - 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR PIEDMONT, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ANDREW WORLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE MAWK</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM T BRAWLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM T. BRAWLEY</u>	ADDRESS <u>ROUTE 2 Piedmont</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastasis of Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See Hospital Report (Barnea)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Piedmont MO REYNOLDS CO. MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1955, to July 3, 1956, that I last saw the deceased alive on July 2, 1956, and that death occurred at 5:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Hines M.D.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Piedmont MO</u>	23c. DATE SIGNED <u>7/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July - 5 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MURPHY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>REYNOLDS CO. MO.</u>
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DATE REC'D BY LOCAL REG <u>July 6 - 56</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank J. Central</u>	ADDRESS <u>321 North Main Street Piedmont MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

By M. E. Bowler

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

0700

276

Received 7-20-56
Reynolds County Health Ce
File No. 756 - 25

JUL 24 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 [Signature] Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurin E. Bowler

Licensed Embalmer No. 442

P. O. Address Redmon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.