

FILED AUG 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25755

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6209</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PINEY</u>		c. LENGTH OF STAY (In this place) <u>48 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PINEY 10<sup>th</sup></u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>6 MI S.E. HOUSTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SNODA</u> b. (Middle) <u>LEA</u> c. (Last) <u>BRACKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 1956</u>				
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 12 1908</u>	9. AGE (In years last birthday) <u>48</u>	10. MONTHS	11. YEAR	12. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HOUSTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HARVE MCKINNEY</u>		13b. MOTHER'S MAIDEN NAME <u>LENORA DABNEY</u>		14. NAME OF HUSBAND OR WIFE <u>RUSSELL BRACKETT</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>489-32-6477</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RUSSELL BRACKETT HOUSTON</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Colon</u> <u>Generalized carcinomatous</u> <u>and terminal Intra-abdominal</u> DUE TO (b) _____ DUE TO (c) <u>Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>HOUSTON MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>May 10, 1956</u> , to <u>Aug 1, 1956</u> , that I last saw the deceased alive on <u>Aug 1, 1956</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Burns, MD</u> (Degree or title)				23b. ADDRESS <u>HOUSTON MO</u>		23c. DATE SIGNED <u>8/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OZARK</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>		
DATE REC'D BY LOCAL REG. <u>8-11-56</u>		REGISTRAR'S SIGNATURE <u>Murtie Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELLIOTT FUNERAL HOME HOUSTON</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO

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

OCT 23 1958

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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