

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31530

State File No. _____
Registrar's No. 2131

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>5 WKS.</u>		c. CITY OR TOWN <u>Stanberry</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>5 miles east</u> <u>0380</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>BRACKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>11</u> <u>56</u>	
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>8/18/86</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 15 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Canton, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Henry Rutledge</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>William Bracken</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marcus Neff, Hopkins, Mo.</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>		ANTECEDENT CAUSES				<u>30 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>5-10 yrs</u>	
DUE TO (b) <u>Cerebral Arteriosclerosis</u>		DUE TO (c) <u>Diabetes mellitus & gangrene foot, Rt</u>				<u>5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>8/7/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>gangrene Rt foot -</u>				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>331x</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?			
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>53</u> , to <u>Sept. 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/11</u> , 19 <u>56</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>9/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-22-56</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral's Home, Maryville, Mo.</u>			

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.....
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *428*

P. O. Address *Maryville*

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.