

No. 300
10. 48

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34623

State File No. _____
Registrar's No. 93

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644

1. PLACE OF DEATH a. COUNTY LAYFALETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE IOWA		b. COUNTY Carlisle	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Lexington		c. LENGTH OF STAY (in this place) enroute		c. CITY OR TOWN CARLISLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi. E. Lexington, Mo.		e. STREET ADDRESS (If rural, give location) R.R. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LLOYD		b. (Middle) RAYMOND		c. (Last) BRAFFORD	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 3. 1956		5. SEX MALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-15-1928		9. AGE (In Years last birthday) Months Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock man		10b. KIND OF BUSINESS OR INDUSTRY Armstrong Traco.		11. BIRTHPLACE (City and State or Foreign Country) Des Moines Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Charles Brafford		13b. MOTHER'S MAIDEN NAME Laura Speck	
14. NAME OF HUSBAND OR WIFE Bessie Levina Brafford		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1946		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Brafford, Carlisle, Iowa		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Crushing injury to throat & effect thereof. Death was due to massive hemorrhage in pleural cavities.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to throat & effect thereof. Death was due to massive hemorrhage in pleural cavities. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Motor car callus DUE TO (c) on 24 highway, just at scene of accident	
18. CAUSE OF DEATH (continued) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) in 24th Lexington, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lexington Layfayette Mo	
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? Motor car callus	
22. I hereby certify that I attended the deceased from alive on 11-4 , 19 56 , and that death occurred at 12:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE W. M. ...		(Degree or title) Coroner		23b. ADDRESS O. de Sta. Mo.	
23c. DATE SIGNED 11-4-56		24a. BURIAL, CREMATION, REMOVAL (Specify) cremated		24b. DATE Nov 5 - 1956	
24c. NAME OF CEMETERY OR CREMATORY Hamilton Tml Home		24d. LOCATION (City, town, or county) (State) Des Moines Iowa		DATE REC'D BY LOCAL REG. 11-8-56	
REGISTRAR'S SIGNATURE Wm ...		FURNERAL DIRECTOR'S SIGNATURE Harold ...		ADDRESS Lexington, Mo.	

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

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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 *Harold P. Walker*.....

Licensed Embalmer No. *458*.....

P. O. Address *Lexington*.....

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.