

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38520**

State File No. ....

**FILED DEC 11 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5694 Registrar's No. 97

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EUREKA RR-MERAMEC</u>		c. CITY OR TOWN <u>EUREKA RR #1</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. Joseph's Hosp. for</u>		e. STREET ADDRESS (If rural, give location) <u>MERAMEC TOWNSHIP 0560</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CASSIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>BRACKMAN</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 23-1956</u>
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOW</u>	<b>8. DATE OF BIRTH</b> <u>DEC. 8-1870</u>	<b>9. AGE</b> (In years last birthday) <u>85</u> <b>MONTHS</b> <u>11</u> <b>DAYS</b> <u>15</u>	<b>10. UNDER 1 YEAR</b> <input type="checkbox"/> <b>1 YEAR</b> <input type="checkbox"/> <b>5 YEARS</b> <input type="checkbox"/> <b>10 YEARS</b> <input type="checkbox"/> <b>15 YEARS</b> <input type="checkbox"/> <b>20 YEARS</b> <input type="checkbox"/> <b>25 YEARS</b> <input type="checkbox"/> <b>30 YEARS</b> <input type="checkbox"/> <b>35 YEARS</b> <input type="checkbox"/> <b>40 YEARS</b> <input type="checkbox"/> <b>45 YEARS</b> <input type="checkbox"/> <b>50 YEARS</b> <input type="checkbox"/> <b>55 YEARS</b> <input type="checkbox"/> <b>60 YEARS</b> <input type="checkbox"/> <b>65 YEARS</b> <input type="checkbox"/> <b>70 YEARS</b> <input type="checkbox"/> <b>75 YEARS</b> <input type="checkbox"/> <b>80 YEARS</b> <input type="checkbox"/> <b>85 YEARS</b> <input type="checkbox"/> <b>90 YEARS</b> <input type="checkbox"/> <b>95 YEARS</b> <input type="checkbox"/> <b>100 YEARS</b> <input type="checkbox"/>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>OWN HOME</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>BYRNESVILLE Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>NATHAN SULLENS</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ELIZA JANE LEAGUE</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>GEORGE BRACKMAN</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>NO NONE</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> _____	<b>ADDRESS.</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 1, 1947, to Nov 21, 1956, that I last saw the deceased alive on NOV 21, 1956, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Frank Buckler, M.D.</u>	<b>23b. ADDRESS</b> <u>Fenton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11/27/56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>11/26/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>LOCAL BAPTIST CEM.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>CEDAR HALL - Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec 1 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ruth Jiras</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Annmar Personal Home Home Springs Mo</u>	<b>ADDRESS</b> _____
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 5 1956

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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.....

Licensed Embalmer No. 1470

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