

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38720**  
Registrar's No. **227**

FILED DEC 3 1956 REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5738**

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - LAPLATA</b>		c. CITY OR TOWN <b>LAPLATA</b>	b. COUNTY <b>MACON</b>
c. LENGTH OF STAY (in this place) <b>53</b>		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		e. STREET ADDRESS (If rural, give location) <b>RURAL - LAPLATA TOWNSHIP</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>BENJAMIN</b> c. (Last) <b>BRAGG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 17, 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 10, 1882</b>	9. AGE (In years last birthday) <b>74</b>	10. YEARS <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>For sale</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ADAIR COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ALEXANDER D. BRAGG</b>	13b. MOTHER'S MAIDEN NAME <b>ULYSSES G. MEEKS</b>	14. NAME OF HUSBAND OR WIFE <b>STELLA RECTOR BRAGG</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>511-01-5166</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. STELLA BRAGG, LAPLATA, MO.</b>

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, asthenia, 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) <b>CORONARY ARTERY OCCLUSION</b>		<b>IMMEDIATE</b>
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
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	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)
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 **MAY 1947**, to **NOV 16**, 19**56**, that I last saw the deceased alive on **NOV. 16**, 19**56**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.P. Hudson M.D.</b> (Degree or title)	23b. ADDRESS <b>Kirkville Mo.</b>	23c. DATE SIGNED <b>Nov 19, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laplata Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Laplata Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Nov 28/56</b>	REGISTRAR'S SIGNATURE <b>Ruth M. Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.B. Gruber Laplata Mo.</b>

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

p. 300  
p. 48

850

Date Filed 11.30.58

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 *D.S. Christie*

Licensed Embalmer No. *110*

P. O. Address *Fallata*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.