

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2124**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 4 Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 4 Neosho	
c. LENGTH OF STAY (In this place) 40 Yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION Home Route # 4	
d. STREET ADDRESS (If rural, give location) Route # 4			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) J c. (Last) Bragg			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Apr. 6, 1871		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Putman County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming			

13a. FATHER'S NAME John Bragg		13b. MOTHER'S MAIDEN NAME Margaret Forbes		14. NAME OF HUSBAND OR WIFE Ellen Bragg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellen Bragg Neosho, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES Morbidity 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. Senility by Estimate age-91			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 350x		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 **Aug 1933** to **1-7-1957**, that I last saw the deceased alive on **1-3-1957** and that death occurred at **3:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin M. Tullough, D.O.		23b. ADDRESS 420 W Sherman Ave, Neosho, Mo		23c. DATE SIGNED 1/14/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
		24d. LOCATION (City, town, or county) (State) Neosho, Missouri			

DATE REC'D BY LOCAL REG. 1-14-57		REGISTRAR'S SIGNATURE Melvin E. Bowman, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.	
--	--	--	--	---	--

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

22 3 5

JAN 23 1957

OCT 28 1956

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

W. E. Huddleston

Licensed Embalmer No. 4770

P. O. Address: Jepliw, 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.