

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18251

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PUTNAM</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNIONVILLE</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>UNIONVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MONROE HOSPITAL Unionville</b>				Length of stay in 1b <b>1 week</b>		d. STREET ADDRESS (If outside, give location) <b>city</b>	
3. NAME OF DECEASED (Type or print) <b>MARGARET E - BRAMHALL</b>		First Middle Last		4. DATE OF DEATH <b>MAY 2-57</b>		Month Day Year	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>OCT 28-1897</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>4</b> Hours <b>-</b> Min. <b>-</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME WORK</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MO - PUTNAM MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>Mitchel O'DONALD</b>				14. MOTHER'S MAIDEN NAME <b>BRIDGETT DEVENNEY</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>PAUL BRAMHALL - UNIONVILLE</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Paralysis</b> DUE TO (b) <b>due to chronic Myocarditis</b> DUE TO (c) <b>+ myocardial degeneration</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4222</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>MARCH 57</b> to <b>MAY 2 1957</b> and last saw her/him alive on <b>May 2/57</b> Death occurred at <b>5:24/57 10:30p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>M. W. Gillman</b>				22b. ADDRESS <b>Unionville, MO</b>		22c. DATE SIGNED <b>5/7/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>MAY 6-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEM</b>		23d. LOCATION (City, town, or county) <b>UNIONVILLE MO</b>		
24. FUNERAL DIRECTOR <b>W. H. Husted</b>		ADDRESS <b>Unionville MO</b>		25. DATE RECD. BY LOCAL REG. <b>6-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Marvill Durbin</b>		

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Murl E. Hueter*.....

Licensed Embalmer No. *131*

P. O. Address *Missouri*

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