

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20455**

FILED JUL 10 1957

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>4136</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Plattsburg</u> )		c. LENGTH OF STAY (In this place) <u>8 years</u>		c. CITY OR TOWN <u>Plattsburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 Broadway St.</u>				e. STREET ADDRESS (If rural, give location) <u>702 Broadway St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>T.</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Brawner, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 17, 1886</u>	
9. AGE (In years) (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Converse, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance agent</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas M. Brawner</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Berry</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Brawner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Brawner Plattsburg, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				two min.	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>arteriosclerosis</u></p> <p>DUE TO (c) <u>hypertension</u></p>				10 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS				15 yrs.	
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: right;"><u>4201</u></p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward W. Warren, D.O. coroner Clinton Co.</u>				23b. ADDRESS <u>Lathrop, Mo.</u>		23c. DATE SIGNED <u>6-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lathrop, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 10, 1957</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Aearce</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK - Cameron, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas W. Therson*

Licensed Embalmer No. *4889*

P. O. Address *Lathrop, 3*

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.