

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023260
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 74

diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

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1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Milan</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S.C.M. Hosp T</u>			Length of stay in 1b <u>6 days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maggie Elizabeth Brassfield</u>				4. DATE OF DEATH Month Day Year <u>6 28 1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7-2-1890</u>	9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>18 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13. FATHER'S NAME <u>Lee Wolf</u>				14. MOTHER'S MAIDEN NAME <u>Jennie States</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Hildred Perkins - Milan Mo</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>By drug thrown in fireplace</u>		DUE TO (c) <u>466X</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
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.) <u>Milan</u>		20f. CITY, TOWN, OR LOCATION <u>Sullivan</u>		COUNTY STATE <u>Mo</u>		
21. I attended the deceased from <u>July 5, 1957</u> to <u>June 28, 1957</u> and last saw her alive on <u>June 28, 1957</u> . Death occurred at <u>5:15 p.m.</u> on the day stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>S. M. H. M.D.</u>				22b. ADDRESS <u>Milan, Mo</u>		22c. DATE SIGNED <u>6/29/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bardstown - Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Sullivan Co Mo</u>			
24. FUNERAL DIRECTOR <u>Schwenes</u> <u>Wright Schwenes</u>			ADDRESS <u>Milan Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		

AUG 14 1957

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 *Dwight Schreier*.....

Licensed Embalmer No. *26*

P. O. Address *Mt. Airy*

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.