

FILED SEP 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28725**

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Tulsa</u> ✓			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hudson Twp., Macon</u>		c. LENGTH OF STAY (In this place) <u>37 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tulsa</u>		d. STREET ADDRESS (If rural, give location) <u>8358</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Ella</u>			a. (First)	b. (Middle)	c. (Last) <u>Bragassa</u>	4. DATE OF DEATH <u>August 26 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>November 20, 1875</u>		9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months <u>10</u> Days	if UNDER 12 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John P. Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Carmith</u>		14. NAME OF HUSBAND OR WIFE <u>James B. Bragassa</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie B. Smith, daughter, Tulsa, Okla.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		DUE TO (b) <u>Arteriosclerosis</u>				<u>48 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic brain syndrome</u>				<u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>indefinite</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>4500</u> YES <input type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>February 1933</u> , to <u>August 26, 1957</u> , that I last saw the deceased alive on <u>Aug. 26, 1957</u> , and that death occurred at <u>12:07 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Anna P. Mauck, D.O.</u>				23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>8/26/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-26-1957</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Tulsa, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>8/30/57</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roger Bran</u>		ADDRESS <u>Macon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

185  
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DEPARTMENT  
County File No. 9,57160  
Date Filed 2, 9, 57

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 R. Lester Bham

Licensed Embalmer No. 4472

P. O. Address Merion, 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.