

FILED OCT 2 1957

STANDARD CERTIFICATE OF DEATH

State File No. **32953**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Newburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>2810</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANT</u> b. (Middle) <u>Stephen</u> c. (Last) <u>BRAMEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Dec 24 1956</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, General Hospital Phelps County Memorial Hospital</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Glen JR. BRAMEL</u>	13b. MOTHER'S MAIDEN NAME <u>Velma King</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velma BRAMEL</u>	ADDRESS <u>Newburg Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis, fulminating</u>		<u>few hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Secondary anemia</u> DUE TO (c) <u>Allergy, bronchial & digestive</u>		<u>weeks</u> <u>months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-9, 1957, to 9-19, 1957, that I last saw the deceased alive on 9-19, 1957, and that death occurred at 6 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Kunderwood M.D.</u>	23b. ADDRESS <u>202 W. 10th St., Rolla, Mo.</u>	23c. DATE SIGNED <u>9-20-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/21/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newburg Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 26, 1957</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	ADDRESS <u>Newburg Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 833

Date Filed 10/1/57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by, Student Embalmer No. working under my personal supervision..

Student,
Signature of Student Embalmer

Signed Lee Pusore

Licensed Embalmer No. 3392

P. O. Address Newburg

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.