

Health,
Welfare
Public
Service

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004377

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 24

300
-57

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1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lamar</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Potts Nursing Home</u>		Length of stay in 1b <u>1 month</u>	d. STREET ADDRESS (If outside, give location) <u>Route 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>RAYMOND</u> Last <u>BRADEN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 18, 1878</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Maroa, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Franklin Braden</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Braden</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>497-42-8919</u>	17. INFORMANT <u>Mrs. Bertha Braden, Lamar, Mo</u>	Address <u>Lamar, Mo</u>
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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>suicide by strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>senile dementia</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>974X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>strangulation</u>	
20c. TIME OF INJURY Hour <u>5:30</u> Month, Day, Year <u>5/1/58</u> a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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 <u>Feb. 1 1958</u> to <u>March 6 '58</u> and last saw ^{her} alive on <u>March 1 '58</u> Death occurred at <u>5:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>D. R. Guenther M.D.</u> (Degree or title)	22b. ADDRESS <u>Lamar, Mo</u> <u>D. R. Guenther</u>	22c. DATE SIGNED <u>3-1-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>
24. FUNERAL DIRECTOR <u>Chiles Funeral Home, Lamar, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 8 - 58</u>	26. REGISTRAR'S SIGNATURE <u>Marie Konarty</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chas. W. Chile*

Licensed Embalmer No. *3473*
P. O. Address *Lama, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.