

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015255

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - N. DILLON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ferndale Home Length of stay in 1b 8 yrs.		d. STREET ADDRESS (If outside, give location) ← Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Granviel First Middle Last Brake		4. DATE OF DEATH 5-2-58 Month Day Year	
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 21-1880 9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ←	11. BIRTHPLACE (City and state or country) Oregon Co. MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ralhem Brake		14. MOTHER'S MAIDEN NAME Susan Brake	
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 Rest Ferndale-Home Office Address St. James, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatic cirrhosis about 2 years DUE TO (c) 5810			INTERVAL BETWEEN ONSET AND DEATH 0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 May 25, 1950 to May 2, 1958 and last saw him alive on May 2, 1958 . Death occurred at 2:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. V. Hammler, M.D. (Degree or title)		22b. ADDRESS St. James, MO.	22c. DATE SIGNED 5-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-5-58	23c. NAME OF CEMETERY OR CREMATORY Dawson Cemetery	23d. LOCATION (City, town, or county) (State) ST. James, MO.
24. FUNERAL DIRECTOR Oral E. Licklider - St. James, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. May 6, 1958	26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

08194

300
1-56

RECEIVED

Phelps County Health Officer,

County File Number 1031

Date Filed May 13, '58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Prof E Lickslide

Licensed Embalmer No.....

P. O. Address Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.