

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022456

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 42

S. 300  
1-57  
570  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELSBERRY</b>		c. CITY OR TOWN <b>ELSBERRY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>418 S. FOURTH</b>		d. STREET ADDRESS (If outside, give location) <b>418 S. FOURTH</b>	
3. NAME OF DECEASED (Type or print) First <b>IRENE</b> Middle <b>AMERICA</b> Last <b>BRAXTON</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>7</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 22, 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic - retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRIVATE HOUSEWORK</b>	11. BIRTHPLACE (City and state or country) <b>CLARKSVILLE, MISSOURI</b>
13a. FATHER'S NAME <b>William Guinn</b>		14. NAME OF HUSBAND OR WIFE <b>James Braxton</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature of service) <b>NO</b>		17. INFORMANT <b>LORRAINE JOHNSON - ELSBERRY, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral apoplexy</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>334X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS</b> <b>10 1/2</b>
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 _____ a.m. _____ p.m.		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>9-28-48</b> to <b>7-2-58</b> and last saw her/him alive on <b>7-2-58</b> Death occurred at <b>3:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>7-8-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-9-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>		23d. LOCATION (City, town, or county) (State) <b>ELSBERRY, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>7/11/1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Clarence Kientz</b>	

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 *Garlan Ricks* .....

Licensed Embalmer No. *4017* .....  
P. O. Address *Eloberry, Md* .....

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.