Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031548
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN: Rural-Charrette — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Emmaus Home — Length of stay in 1b: 20 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau 0164 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1214 Broadway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marvin Middle: Edward Last: Brasher
4. DATE OF DEATH: Month: August Day: 9 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: December 22, 1911
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Benton, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Brooks Brasher
13b. MOTHER'S MAIDEN NAME: Ada Lee Doyle
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Office Records, Address: Emmaus Home, Marthasville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Status Epileptic — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Epileptic since early Childhood — 30 years
DUE TO (c) Feeble minded — life
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 3532
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 19 56, to Aug 9/1958 and last saw her/him alive on Aug 8/58
Death occurred at 8:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H C Johnson (Degree or title) MD
22b. ADDRESS: Marthasville Mo
22c. DATE SIGNED: 8/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-11-58
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park,
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

24. FUNERAL DIRECTOR: W. Fichtenberg ADDRESS: Marthasville, Mo.
25. DATE RECD. BY LOCAL REG.: 8-10-58
26. REGISTRAR'S SIGNATURE: H C Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 21 1958

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 Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.