

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032416

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Newtown	
c. FULL NAME OF (If not in hospital, give location) INSTITUTION Russel Nursing		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Brackett		4. DATE OF DEATH Sept. 14 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 10, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		9. AGE (In years last birthday) 91	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Newtown, Mo.	
13. FATHER'S NAME Joseph Brackett		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Sarah Tucker	
16. SOCIAL SECURITY NO. None		17. INFORMANT J. R. Brackett, Newtown, 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) <i>Cerebral myocardial infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Senile arteriosclerosis</i> DUE TO (c) <i>4221</i>			INTERVAL BETWEEN ONSET AND DEATH <i>37 mo</i>
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 type="checkbox"/> 0
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. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>July 58</i> , to <i>9/15/58</i> and last saw <i>her</i> him alive on <i>9/15/58</i> Death occurred at <i>6:45 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Payne</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Trenton Mo</i>	
22c. DATE SIGNED <i>9/15/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Sept. 14-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Plainview Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Sullivan County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Judd and Payne</i> ADDRESS <i>Newtown, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-15-58</i>	
		26. REGISTRAR'S SIGNATURE <i>Gene Jau</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *T. Howard Judick*
Licensed Embalmer No. *32*
P. O. Address *Reut*

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