Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033380
STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Length of stay in 1b 203 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1110 E. Scott (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ras Middle: Last: Brasuell
4. DATE OF DEATH Month Day Year: Sept. 17, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 25, 1876
9. AGE (In years last birthday): 81 — 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): ~~unknown~~ farming labor
10b. KIND OF BUSINESS OR INDUSTRY: ~~unknown~~ farm
11. BIRTHPLACE (City and state or country): Greene County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~Unknown Farming & labor~~
16. SOCIAL SECURITY NO.: ~~Unknown~~
17. INFORMANT: San. records, Mo. State San., Mt. Vernon, Mo. — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Far Advanced Pulmonary tuberculosis — approx. 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 002 X
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 ☐ NO ☒ 2

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 Feb. 26, 1958, to Sept. 17, 1958 and last saw him alive on 9-17-58
Death occurred at 12:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Daniel R. Wilson M.D.
22b. ADDRESS: Mo. State San., Mt. Vernon, Mo.
22c. DATE SIGNED: 9-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-17-58
23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cem
23d. LOCATION (City, town, or county) (State): Springfield, Mo.

24. FUNERAL DIRECTOR: H D Jones — ADDRESS: Mt Vernon Mo
25. DATE RECD. BY LOCAL REG.: 9-18-58
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

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 ...me..., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ..W. W. Lowell.....

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, N

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.