

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017502

FILED JUN 1 1959

Registration District No. 137 Primary Registration District No.

STATE FILE NUMBER

Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fields Creek Township		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD. #1, Clinton		d. STREET ADDRESS (If outside, give location) RFD. # 1.	
3. NAME OF DECEASED (Type or print) First Donald Middle Eugene Last Bramell		4. DATE OF DEATH Month May Day 24 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Deepwater, Mo.
13a. FATHER'S NAME Wesley Wm. Bramell		13b. MOTHER'S MAIDEN NAME Irma Jean Middaugh	14. NAME OF HUSBAND OR WIFE Roberta Pheneger Bramell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give year or dates of service) Yes 1955 to 1959		16. SOCIAL SECURITY NO. 495-38-8322	17. INFORMANT RFD. #1, Roberta Bramell, Clinton, 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) 22 Caliber bullet wound entering occipital lobe of brain & piercing transverse sin.			INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9191
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? partial
20a. ACCIDENT <input checked="" 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.) Accidental Gun shot wound while hunting @	
20c. TIME OF INJURY Hour 5:20 - Month, Day, Year 5-24-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 mi. NW of Clinton	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Clinton COUNTY Henry STATE Mo.	
21. I attended the deceased from no medical attendance and last saw her/him alive on 5-24-59 . Death occurred at 5:20 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.D. Bradshaw, MD		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 5/26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery	23d. LOCATION (City, town, or county) (State) Deepwater, Missouri
24. FUNERAL DIRECTOR H.A. Vansant, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 5-27-59	26. REGISTRAR'S SIGNATURE Mildred Biggers

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Part must be custody retained.

6961 6 NOV

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 *H. R. Vansant*

Licensed Embalmer No. *3779*

P. O. Address... *Clinton, N.C.*

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.