

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022329
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 N. Stone		Length of stay in lb Life	
d. STREET ADDRESS 307 N. Stone		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Floyd Last Bracken			4. DATE OF DEATH Month June Day 8 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 4-27-1904
9. AGE (In years birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	11. BIRTHPLACE (City and state or country) Haytim Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Will Bracken		13b. MOTHER'S MAIDEN NAME Bertha Skinner	14. NAME OF HUSBAND OR WIFE Vera Bracken
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT Vera Bracken Address Hayti, 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) Transition & Dehydration DUE TO (b) Metastases of Central Tumor DUE TO (c) Primary tumor of Anterior PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1602			INTERVAL BETWEEN ONSET AND DEATH 18 days 3 mos. Several yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 2-23-59 to 6/8/59 and last saw him alive on 6/8/59 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. K. Schwartz (Degree or title) M.D.		22b. ADDRESS Hayti, Mo.	
22c. DATE SIGNED 6-9-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-10-59		23c. NAME OF CEMETERY OR CREMATORY East Woodlawn	
23d. LOCATION (City, town, or county) Hayti, Missouri		(State)	
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 6-10-59	
26. REGISTRAR'S SIGNATURE Valeria Papham			

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

MEDICAL CERTIFICATION

JAN 19 1962

CARUTHERSVILLE, MO.

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 James G. Dobson

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.