

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028910

FILED VS SEP 8 1959

44

Primary Registration District No. 4234

Registrar's No. 85

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 4 days	c. CITY OR TOWN Ellington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Maries of Ozarks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 Mi West of Ellington		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nettie Bell Brawley			4. DATE OF DEATH Month Day Year Aug 24, 1959		
5. SEX Female	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 3/9/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Reynolds County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wilson Harrison		13b. MOTHER'S MAIDEN NAME Mary Barnes		14. NAME OF HUSBAND OR WIFE Sampson Brawley	
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. 489-28-7823-B	17. INFORMANT Address Sampson Brawley, Ellington, 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) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) hypertensive heart disease					?
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured right hip					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) patient fell at her home			
20c. TIME OF INJURY 4:00	*Hour Month, Day, Year 8-21-59				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Ellington, Reynolds, Missouri	COUNTY Reynolds	STATE Missouri	
21. I attended the deceased from 8-21-59 to 8-24-59 and last saw her alive on 8/24/59 Death occurred at 6.25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. E. Farland M.D.			22b. ADDRESS Ironton, Mo		22c. DATE SIGNED 8/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-26-59	23c. NAME OF CEMETERY OR CREMATORY Redford	23d. LOCATION (City, town, or county) (State) Redford, Mo.		
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, Mo.		25. DATE RECD. BY LOCAL REG. 8-26-59	26. REGISTRAR'S SIGNATURE Miss Avis Jones		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chris S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.