

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031260

FILED VS AUG 25 1959 360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 179

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in lb <u>51 years</u>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manlove Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>70 North Ash</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Mable</u> Middle <u>Clara</u> Last <u>Braden</u>				4. DATE OF DEATH Month <u>August</u> Day <u>12</u> Year <u>1959</u>					
5. SEX <u>Fm</u>		6. COLOR OR RACE <u>Wh</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1878</u> <u>January 12</u>		9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Arlington, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William Kennicutt</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna Leach</u>			14. NAME OF HUSBAND OR WIFE <u>C. L. Braden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>C. L. Braden 700 N. Ash, Nevada, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchiectasis</u>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <u>none</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.									
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.)		20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>January 1959 to Aug 12/59</u> and last saw her alive on <u>Aug 11 - 59</u> . Death occurred at <u>12:15 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>MABLE CLARA BRADEN</u> (Degree or title)				22b. ADDRESS <u>Nevada Mo</u>			22c. DATE SIGNED <u>8-14-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 14, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>			
24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>8-18-59</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

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 L. Angelo Lewis

Licensed Embalmer No. 4960

P. O. Address Nevada

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.