

pt. Health,
, & Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-005388

FILED VS MAR 8 1960

STATE FILE NUMBER 87

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY CAPE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SIKESTON 1030		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS, HOSt			Length of stay in 1b 2 1/2 HRS.		d. STREET ADDRESS (If outside, give location) 1002 N. RANNEY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GEORGE First BRAXTON JR. Middle - Last				4. DATE OF DEATH 2-5-1960 Month 2 Day 5 Year 1960				
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-4-1914		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GOODYEAR IMPLEMENT WORK		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 2 Days 9 Hours Min. 		
11. BIRTHPLACE (City and state or country) HOLLANDALE, MISS.				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME GEORGE BRAXTON SR.				14. MOTHER'S MAIDEN NAME MAMIE PITTMAN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 488-28-3772		17. INFORMANT Address LILLIAN GREEN, SIKESTON, 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) Myocardial infarction (Bun 340) secondary to hypertension secondary to							INTERVAL BETWEEN ONSET AND DEATH unknown many years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		608X		
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 <input checked="" type="checkbox"/> NO <input 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 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 12-2-59 to 2-5-60 and last saw ^{her} him alive on 2-5-60				Date of death 8:20 am on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Dr. R. L. ... (Degree or title)				22b. ADDRESS 219 N Pacific		22c. DATE SIGNED 2-18-60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2-7-1960		23c. NAME OF CEMETERY OR CREMATORY SUNSET		23d. LOCATION (City, town, or county) (State) SIKESTON MO.		
24. FUNERAL DIRECTOR ADDRESS ALVIN DOTSON, SIKESTON, MO.			25. DATE RECD. BY LOCAL REG. 3-1-1960		26. REGISTRAR'S SIGNATURE Loren Kasten			

See item 18 for cause of death. See item 19 for autopsy. See item 20 for injury. See item 21 for date of death. See item 22 for signature. See item 23 for burial. See item 24 for funeral director. See item 25 for date received. See item 26 for registrar's signature.

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

YS MAR 9 - 1980

MAR 18 1980

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 *Tris J. Mansour*.....

Licensed Embalmer No. *4600*.....

P. O. Address *St. Paul*.....

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.