

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027918

STATE FILE NUMBER

FILED VS. AUG 10 1960 291

Registration District No. _____ Primary Registration District No. 4433 Registrar's No. 51

ENDED

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in 1b <u>Life Time</u>	c. CITY OR TOWN <u>Unionville</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>Monroe Hospital</u>			d. STREET ADDRESS (If outside, give location) <u>316 S. 16th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Caspar</u> Middle <u>Bell</u> Last <u>Brasfield</u>			4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>3/30/1878</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Clothing Store Unionville, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Richard M. Brasfield</u>		13b. MOTHER'S MAIDEN NAME <u>Clementine Bredwell</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia L. Brasfield</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>495-01-8744</u>	17. INFORMANT <u>Mrs. Amelia L. Brasfield</u> Address <u>316 S. 16th Unionville, 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>Carcinoma of liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</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>Senility</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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 <u>July 10-60</u> to <u>Aug 3-60</u> and last saw him alive on <u>Aug 3-60</u> Death occurred at <u>1:00 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <u>Chas. L. Judd Do</u> (Degree or title)			22b. ADDRESS <u>Unionville, Missouri</u>		22c. DATE SIGNED <u>8/5/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/5/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>		
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> By <u>John N. Comstock</u> ADDRESS <u>Unionville, Mo. 8-6-60</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 1960

SEP 2 1960

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

John W. Comstock

Licensed Embalmer No. *3291*

P. O. Address *Winnville, 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.