MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

101 60-031630

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 591-8 Registrar's No. [redacted]

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Benton
Length of stay in 1b: 70 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Died in the Home
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Polk
c. CITY OR TOWN: Rural-Benton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Lewis Last: Brakebill
4. DATE OF DEATH: Month: Sept. Day: 1 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Jan. 10-1873
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Brakebill
13b. MOTHER'S MAIDEN NAME: Cordy Brakebill
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Opal Boos Address: Halfway, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Inanition & Debilitation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Sepsis & Prostatism
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 1958 to Sept. 1-60 and last saw him alive on Sept. 1-60
Death occurred at 3:15 P.M. from the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M. L. Lumbrum (Degree or title) DO
22b. ADDRESS: Bolivar Mo.
22c. DATE SIGNED: 9-7-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 4-60
23c. NAME OF CEMETERY OR CREMATORY: Schofield
23d. LOCATION (City, town, or county) (State): Polk Co. Mo.
24. FUNERAL DIRECTOR: Sidney J. Pitts ADDRESS: Bol. Mo.
25. DATE RECD. BY LOCAL REG.: Sept 10, 1960
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sidney J. Pitts

Signature of Student Embalmer

Licensed Embalmer No. H939

P. O. Address Bolivar, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.