

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-037638

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New Mexico b. COUNTY Don't know	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton	Length of stay in 1b 9 weeks	c. CITY OR TOWN Clovis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Private home		d. STREET ADDRESS (If outside, give location) Don't know	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Gordon Bradley Braden	4. DATE OF DEATH Oct. 6, 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/10/1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer	10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (City and state or country) Penville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Claude Braden	13b. MOTHER'S MAIDEN NAME Winnie Bradley	14. NAME OF HUSBAND OR WIFE Divorced
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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. 443-20-2380	17. INFORMANT Address Mrs. Vol Woods, Westville, Oklahoma
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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>Congestive Heart Failure</u> DUE TO (b) <u>Cardio-Vascular Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u> <u>Don't know</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Hemorrhage about 6 months</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Aug. 12, 1960 to Oct 6, 1960 and last saw ^{her}him alive on Aug. 5, 1960
Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Herbert R. Booth M.D.</u>	22b. ADDRESS <u>Hamilton, Mo</u>	22c. DATE SIGNED <u>10/11/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/9/1960	23c. NAME OF CEMETERY OR CREMATORY Burnett Cemetery	23d. LOCATION (City, town, or county) (State) Sullivan County, Missouri
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24. FUNERAL DIRECTOR ADDRESS <u>Glenn E. Kenton, Green City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 12 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Glady's Jones</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 100

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 Karl R. Fent

Licensed Embalmer No. 4689

P. O. Address Green City

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.