SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 353-B 61-013290 STATE FILE NUMBER

FILED APR 24 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Polk
c. CITY OR TOWN: Bolivar — Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): Marion Township — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Walter Middle: Bently Last: Brakebill

4. DATE OF DEATH: Month: April Day: 9 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 2-25-1919

9. AGE (last birthday): 42 — 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): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Clergyman

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Sam Brakebill

13b. MOTHER'S MAIDEN NAME: Jennie

14. NAME OF HUSBAND OR WIFE: Bennie Marie Brakebill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Bennie Brakebill — Address: Bolivar, 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): Anterosepta Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hours
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)

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 4-9-61, to 4-9-61 and last saw her/him alive on 4-9-61
Death occurred at 11:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD

22b. ADDRESS: 600 S. Glenstone Springfield Mo

22c. DATE SIGNED: 4-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-12-61

23c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead Cemetery

23d. LOCATION (City, town, or county) (State): Polk County, Mo.

24. FUNERAL DIRECTOR: Sidney J. Pitts — ADDRESS: Bol. Mo.

25. DATE RECD. BY LOCAL REG.: 4-12-61

26. REGISTRAR'S SIGNATURE: Effie B. Meelon

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1961

MAY 11 1961

APR 6 1962

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 Larry R. Dillery, Student Embalmer No. 628 working under my personal supervision.

Student Larry R. Dillery
Signature of Student Embalmer

Signed Sidney J. Pitts

Licensed Embalmer No. H939

P. O. Address Bel. 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.