MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029056
STATE FILE NUMBER

AMENDED

Registration District No. 1422 Primary Registration District No. 0006 Registrar's No. 41

FILED SEP 5 1961

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

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

3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Bragg
4. DATE OF DEATH Month August Day 24, Year 1961
5. SEX M.
6. COLOR OR RACE W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/22/84
9. AGE (last birthday) 77
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ava, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jacob M. Bragg
13b. MOTHER'S MAIDEN NAME Margaret Huffman
14. NAME OF HUSBAND OR WIFE Cynthia Ann (Manning) Bragg
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 Johnny Lee Bragg Address Birch Tree, 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) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 1 DAY
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 8-23-61, to 8-24-61 and last saw her/him alive on 8-24-61
Death occurred at 10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. S. Zeffing (Degree or title) M.D.
22b. ADDRESS Mtn. View, Mo.
22c. DATE SIGNED 8-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Simms Cemetery
23d. LOCATION (City, town, or county) (State) Gainsville, Missouri

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 8-29-61
26. REGISTRAR'S SIGNATURE Lorna Mitchell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

OCT 23 1967

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 Charles D. Pontain

Licensed Embalmer No. 5107

P. O. Address Mtn View

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.