

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018623

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 864C

FILED JUN 11 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

| | | | |
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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 22 DAYS | | c. CITY OR TOWN MARSHFIELD RI Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 5 MI NORTH Reside on Farm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last SANDRA BRAKE | | | 4. DATE OF DEATH Month Day Year MAY 30 1962 | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-7-1956 | 9. AGE (last birthday) 6 | IF UNDER 1 YEAR IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) CALIFORNIA | | 12. CITIZEN OF WHAT COUNTRY U.S.B | |

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|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME WILLIAM BRAKE | | 13b. MOTHER'S MAIDEN NAME CHLOE BRYANT | | 14. NAME OF HUSBAND OR WIFE | |
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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. | 17. INFORMANT Address WILLIAM BRAKE, MARSHFIELD. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Lower Neoplasm neoplasia | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Megaloblastic anemia and Hemolytic Anemia | 3 weeks |
| | DUE TO (c) Contusion abdomen | 3 weeks |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at play |
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| 20c. TIME OF INJURY Hour 10 a.m. Month, Day, Year 5-8-62 Home | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 5-8-62 to 5-30-62 and last saw her alive on 5-30-62 | |
| Death occurred at 8 p m on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE [Signature] (Degree or title) MD. | 22b. ADDRESS Springfield Mo | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 5-30-1962 | 23c. NAME OF CEMETERY OR CREMATORY MT PISGAH | 23d. LOCATION (City, town, or county) (State) WEBSTER CO MO |
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| 24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD | 25. DATE RECD. BY LOCAL REG. 6-4-62 | 26. REGISTRAR'S SIGNATURE [Signature] |
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USE BLACK INK OR TYPEWRITER RIBBON

Permit received 05-30-62

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 George Staff

Licensed Embalmer No. 3161

P. O. Address W. H. Green, MD

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.