XXX

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033991

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 396

FILED OCT 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0168
2 0470
3
4 1
5 1
6
7 0
8 2
9 0
10
11
12 2-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 18 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Frances Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: Des Arc — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Minnie, Middle Lane, Last Brawley

4. DATE OF DEATH: Month Sept., Day 9, Year 1962

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/25/1889
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days 14 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Iron Co. Mo.
12. CITIZEN OF WHAT COUNTRY: Thomas Brawley

13a. FATHER'S NAME: Thomas Myers
13b. MOTHER'S MAIDEN NAME: Erbanner J. Nelson
14. NAME OF HUSBAND OR WIFE: Thomas Brawley

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. Jeraline DeClue — Address: St. Mary, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 1. Post operative, cholecystectomy
DUE TO (c): 2. Cerebro vascular disease
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)

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 September 2nd, to Sept. 9th, 1962 and last saw her/him alive on Sept. 8th, 1962
Death occurred at 2:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert M. Estes M.D. — Albert M. Estes, M. D.
22b. ADDRESS: 714 Broadway--Cape Girardeau, Mo.
22c. DATE SIGNED: 10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-12-62
23c. NAME OF CEMETERY OR CREMATORY: Mt. View
23d. LOCATION (City, town, or county) (State): Des Arc, Missouri

24. FUNERAL DIRECTOR: William Cedar — ADDRESS: Piedmont, Missouri
25. DATE RECD. BY LOCAL REG.: 9-12-62
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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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 Cooper Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Piedmont, Ma.

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.