

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38876**FILED DEC 14 1953
BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **256**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Deepwater, R.R. 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Deepwater, Mo. 620	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) P.R. 1	
3. NAME OF DECEASED (Type or Print) a. (First) SANDRA b. (Middle) SUE c. (Last) BRAMELL		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5-1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ✓	8. DATE OF BIRTH Dec. 3-1950
9. AGE (In years last birthday) 3		10. MONTHS 2	11. HOURS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wes Bramell	
13b. MOTHER'S MAIDEN NAME Irma Middaugh		14. NAME OF HUSBAND OR WIFE ✓	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Wes Bramell		ADDRESS Deepwater, Mo. P.R. 1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. with severe secondary carcinoma DUE TO (b) <u>Carcinoma of Liver</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1, 1953 , to Dec 5, 1953 , that I last saw the deceased alive on Dec 5, 1953 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Sue W. Adams		23b. ADDRESS 202 Clinton Mo.	
23c. DATE SIGNED Dec-5-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-7-53	
24c. NAME OF CEMETERY OR CREMATORY Deepwater Cem		24d. LOCATION (City, town, or county) (State) Deepwater, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Florence Adams		ADDRESS 422 Lonehurst, Deepwater, Mo.	
DATE REC'D BY LOCAL REG. Dec-7-53			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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 this body is not embalmed, fact should be so stated above.