

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0006255

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 51

FILED FEB 23 1966

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>HENRY</b>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLINTON</b>		Length of stay in 1b <b>72 years</b>	c. CITY OR TOWN <b>CLINTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>904 N. MAIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>904 NO. MAIN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JESSIE O. BRAME</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>16</b> Year <b>66</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>COLORED</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-24-1893</b>	9. AGE (last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Clinton Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>DANIEL GRADY</b>		13b. MOTHER'S MAIDEN NAME <b>AMY RIPPATOE</b>		14. NAME OF HUSBAND OR WIFE <b>ARTHUR BRAME</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>EMMA CARTER</b> Address <b>904 NO. MAIN CLINTON, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Cerebral vascular thrombosis</b>					
DUE TO (c) <b>generalized cerebral sclerosis</b>					
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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	
21. I attended the deceased from <b>Feb. 12, 1966, to death</b> and last saw her/him alive on <b>Feb. 15, 1966</b> Death occurred at <b>2:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>C. P. Wetzel, D.O.</b>			22b. ADDRESS <b>Clinton, Mo.</b>		22c. DATE SIGNED <b>2-17-66</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Feb. 20, 1966</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	
23d. LOCATION (City, town, or county)		23e. (State) <b>Clinton Missouri</b>			
24. FUNERAL DIRECTOR <b>R.E. Nichols Chapels, Clinton Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-17-66</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigino</b>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 24 1966

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 R. E. Nichols

Licensed Embalmer No. 4987

P. O. Address K. C. 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.

Permit Obtained  
~~at~~  
2-17-66  
1113