

No. 36
10. 4

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5400**

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

34
50
200

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Marionville		c. CITY (If outside corporate limits, write RURAL and give township) Marionville	
c. LENGTH OF STAY (In this place) 20 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Dio c. (Last) Brashers			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH Nov. 29, 1872	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months 2 Days 24 IF UNDER 2 HRS. 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 (State or foreign country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME D. C. W. Brashers	
13b. MOTHER'S MAIDEN NAME Sarah Buck		14. NAME OF HUSBAND OR WIFE Belle	
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 Raymond Brashers, Marionville, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertotic Pneumonia Fracture of Rt. Hip - Jan 27-1949		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marionville - Lawrence Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 26 1949 8:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on Ice 55	
22. I hereby certify that I attended the deceased from Jan 27, 1949 , to Feb 22, 1949 , that I last saw the deceased alive on Feb 20, 1949 , and that death occurred at 4:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. P. Coe		23b. ADDRESS Marionville, Mo.	
23c. DATE SIGNED 2-23-49		23d. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
23e. LOCATION (City, town, or county) (State) Marionville, Mo.		23f. DATE REC'D BY LOCAL REG. 2/24/49	
23g. REGISTRAR'S SIGNATURE Orsa Mae Natt		23h. FUNERAL DIRECTOR'S SIGNATURE J. B. Surridge	
23i. ADDRESS Marionville Mo.		23j. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 67
District File Number 249-187
Date Filed 2-28-49

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

Sherman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.