

FILED AUG 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27751

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY Reynolds
 b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Rural Ligon
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Reynolds
 c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Redford Ligon
 d. STREET ADDRESS (If rural, give location) Redford, Mo

3. NAME OF DECEASED (Type or Print)
 a. (First) CHARLES b. (Middle) RALPH c. (Last) BRAWLEY
 4. DATE OF DEATH (Month) (Day) (Year) 7-21-49

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 8. DATE OF BIRTH 11-11-1932 9. AGE (in years last birthday) 16 10. MONTH 8 11. DAY 11 12. IF UNDER 1 YEAR Hours Min. 12. IF UNDER 1 YEAR Hours Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY School Boy 11. BIRTHPLACE (State or foreign country) Redford Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Guy Ralph Brawley 13b. MOTHER'S MAIDEN NAME Nula Moffett 14. NAME OF HUSBAND OR WIFE Guy Brawley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Shot Gun
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2476 X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Redford Mo Reynolds Co Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 21 1949 AM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 88

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.R. Purdie, Coroner (Degree or title) 23b. ADDRESS Centerville Mo 23c. DATE SIGNED July 22 49

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-24-49 24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery 24d. LOCATION (City, town, or county) (State) Redford Mo

DATE REC'D BY LOCAL REG. 8-10-49 REGISTRAR'S SIGNATURE Fannie Evans 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phil A. Leuchel et. Mo

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

RECEIVED 8-10-49

District Health Officer No. 5,

District File Number 849569

Date Filed 8-13-49

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 7-22-4

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 7

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.