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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31150**

FILED SEP. 20 1949

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5814** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 15 Miles South of Stover, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 Miles S of Stover, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) ROSIE b. (Middle) PARLEE c. (Last) BRADEN			4. DATE OF DEATH (Month) (Day) (Year) Sept 10 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 11, 1885		9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days 10 29	
11. IF UNDER 14 Hrs. Min. 0 0		11. BIRTHPLACE (State or foreign country) Benton County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home			

13a. FATHER'S NAME William Forth		13b. MOTHER'S MAIDEN NAME Wmma Reeder		14. NAME OF HUSBAND OR WIFE Herman C. Braden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman C Braden Stover, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					+343

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan Mo.	
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 **5-1-49** 19, to **9-10-49**, 19, that I last saw the deceased alive on **9-9-49**, 19, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. W. Moreland		23b. ADDRESS 1010 Pine Ave		23c. DATE SIGNED 9-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 12 49		24c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery	
24d. LOCATION (City, town, or county) (State) Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Wm. L. Rippeger		24f. ADDRESS Stover Mo	
DATE REC'D BY LOCAL REG. Sept. 13th 1949		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Wm. L. Rippeger	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No: 7

District File Number 8-49-1119

Date Filed 9-19-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

J. L. Steverson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.