

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37058

State File No.

FILED DEC 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>18 111</u>	
1. PLACE OF DEATH a. COUNTY <u>Newell</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandville</u>		c. LENGTH OF STAY (If in place) <u>4 2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandville</u>		d. STREET ADDRESS <u>R 2 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thos</u> b. (Middle) <u>Newton</u> c. (Last) <u>Brazel</u>			4. DATE OF DEATH (Month) <u>9</u> (Day) <u>4</u> (Year) <u>49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>6-12-1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR (Months) <u>7</u> (Days) <u>19</u>		IF UNDER 11 HRS. (Hours) _____ (Min.) _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work on which most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Steelville, Mo.</u>	
13a. FATHER'S NAME <u>Henry Brazel</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Brazel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thos Brazel</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Valvular Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Endocarditis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>nephritis, chronic</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>?</u> <u>42)4</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>8/8/1949</u> to <u>9/1/1949</u> , that I last saw the deceased alive on <u>8/20/1949</u> , and that death occurred at <u>10:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A.H. Thorsburg, M.D.</u>			23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>9/8/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>		24b. DATE <u>9-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Creek</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-23-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>379, Koberling</u>		ADDRESS <u>West Plains Mo</u>	

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

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RECEIVED 11/30/99
District Health Officer No. 5,
District File Number 1249728
Date Filed 12/2/99

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 D. D. Robertson

Licensed Embalmer No. 3437

P. O. Address West Hill 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.