

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 724

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 1137 W. Division	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) Mary	b. (Middle)	c. (Last) Braig	(Month) Jan.	(Day) 10.	(Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Taney County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Baker	13b. MOTHER'S MAIDEN NAME Minnie Fain	14. NAME OF HUSBAND OR WIFE Paul Braig
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Paul Braig, Springfield, Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) This patient had a biopsy from tumor mass on neck 2/8/49 at which time x-ray DUE TO (c) showed chest involvement. The histological diagnosis was		
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION carcinoma of lung (rt)		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1/9, 1950, to 1/10, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>F. W. Handley</i>	(Degree or title) 0	23b. ADDRESS Medical Arts Springfield Mo	23c. DATE SIGNED 1/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/50	24c. NAME OF CEMETERY OR CREMATORY White Chapel	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 1-13-50	REGISTRAR'S SIGNATURE <i>F. W. Handley</i>	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer, Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48396
0

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 *Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.