

No. 300
10.48

FILED JAN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 1753

644

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Marion</u> <u>Susan Brainerd</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		0644
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Willow</u>			d. STREET ADDRESS (If rural, give location) <u>415 Hill Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Brainerd</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>December 10, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>24</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Indianist, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Blackburn</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Brainerd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ben Latimer</u> ADDRESS <u>Hannibal Missouri</u>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>June</u> , 19 <u>49</u> , to <u>Jan 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 3</u> , 19 <u>50</u> , and that death occurred at <u>12:55 am</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Glenn R Miller, D.O.</u>		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>Jan 5 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-6-50</u>	REGISTRAR'S SIGNATURE <u>Dr. C. M. Tucker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. C. Fisher</u>	ADDRESS <u>Hannibal Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 13 1950
MARION CO. HEALTH DEPT.
DATE FILED JAN 16 1950

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

John S. Spauld

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.