

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4685

0450  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>HOWARD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>RURAL Chautauq</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall MO. 912</b>	
c. LENGTH OF STAY (in this place) <b>7 months</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles S.E. Glasgow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 1 1950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>HAGGARD</b> c. (Last) <b>BRAMBLE</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>DEC 11, 1871</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Her Home</b>	
11. BIRTHPLACE (State or foreign country) <b>ROANOKE MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>SILAS HAGGARD</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET DOLLARD</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN M. BRAMBLE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>L. S. Bramble</b>	
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) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>2.21.50</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>B31X</b>	
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)	
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 <b>2-21, 1950</b> , to <b>3-1, 1950</b> , that I last saw the deceased alive on <b>2-27, 1950</b> , and that death occurred at <b>6:28 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>L. S. Bramble</b>		23b. ADDRESS <b>Glasgow, Mo.</b>	
23c. DATE SIGNED <b>3-6-50</b>		24a. BURIAL CREMATION, REMOVAL (Specify)	
24b. DATE <b>Mar 11, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RIDGE PARK</b>	
24d. LOCATION (City, town, or county) (State) <b>MARSHALL MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walker Audsley</b>	
DATE REC'D BY LOCAL REG. <b>Mar 6, 1950</b>		REGISTERAR'S SIGNATURE <b>Walker Audsley</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Audsley-Friemouth</b>		ADDRESS <b>Glasgow</b>	

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

RECEIVED MAR 8

District Health Officer No. 87

District File Number \_\_\_\_\_

Date Filed 3-8-50

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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 J. Walker Audsley

Licensed Embalmer No. 3336 J

P. O. Address Glasgow, 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.