

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33197

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 920

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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 039		d. STREET ADDRESS (If rural, give location) 809 S. ROBBERTSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 S. ROBBERTSON							
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) LOUISA c. (Last) BRASHER			4. DATE OF DEATH (Month) (Day) (Year) OCT 20 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 7, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WM P. GASKILL		13b. MOTHER'S MAIDEN NAME MARY McMILLEN		14. NAME OF HUSBAND OR WIFE J. J. BRASHER			
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 ADDRESS MRS. ELMER STRONG SPGFD. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Cardiovascular renal disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 days 442X	
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) 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 Oct 9, 1950, to Oct 20, 1950, that I last saw the deceased alive on Oct 18, 1950, and that death occurred at 3:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Don J. Silaby M.D. (Degree or title)			23b. ADDRESS Springfield, Mo			23c. DATE SIGNED 10-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-22-50	24c. NAME OF CEMETERY OR CREMATORY NEWTON CEME.		24d. LOCATION (City, town, or county) (State) MANSFIELD Mo.			
DATE REC'D BY LOCAL REG. 10-21-50	REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. Klingner & Co.		ADDRESS Spgfd. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Max Rhodes

Signed _____

Student Embalmer

Licensed Embalmer No. 4071

P. O. Address _____

Springfield

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.