

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38112

880

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugarbush 2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugarbush</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R & D 3</u>		d. STREET ADDRESS (If rural, give location) <u>R & D 3 0889</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Brammer</u> c. (Last) <u>Brammer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9/8/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Madison Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME <u>Cornelia Brett</u>		14. NAME OF HUSBAND OR WIFE <u>None</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>William Brammer</u>		ADDRESS <u>13, Nobles Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun Blast</u> ANTECEDENT CAUSES* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a disturbed mind</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at his home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.F.D. 4 northy Randolph Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 10 1950 4^{PM}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>self inflicted gun shot</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4-PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. E. Barnes</u> coroner		23b. ADDRESS <u>13, Nobles Mo.</u>	
23c. DATE SIGNED <u>Nov 11-50</u>			
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>11-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Nobles Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-17-50</u>	REGISTRAR'S SIGNATURE <u>Casey Greenaway</u>	25. UNIFORM DIRECTOR'S SIGNATURE (Address) <u>William E. McLean Nobles Mo.</u>	

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

NOV 25 1953

Date Received: NOV 20 1953
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1953
Date Filed: NOV 22 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Marie E. Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 3957

P. O. Address Mokey 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.