

S. No. 300
V. 10.48

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **326**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Mo. b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. 2....Doniphan, Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) WAYNE	c. (Last) BRASIER	4. DATE OF DEATH (Month) (Day) (Year)
				Jan. 19, 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/19/1951 ⁶⁻⁶⁻¹⁸⁶⁹	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 13	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	---	---	---------------------------------	--------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Coles Co., Ill.	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME Wm. H. Brasier	13b. MOTHER'S MAIDEN NAME Malissa Beals	14. NAME OF HUSBAND OR WIFE Lura May Brasier
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lura Brasier....Doniphan, Mo.	ADDRESS
---	-------------------------	--	---------

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) Broncho-Pneumonia both lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		491 x	

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 1-12-1951 to 1-19-1951, that I last saw the deceased alive on 1-19-1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. G. Bond M.D. (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 1-22-51
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/22/51	24c. NAME OF CEMETERY OR CREMATORY Dunning Cem.	24d. LOCATION (City, town, or county) (State) Butler Co., Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. Jan. 27-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE FRANK *COTRELL....	ADDRESS Poplar Bluff, Mo.
--	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

124
0

RECEIVED

JAN 31 1951

JAN 29 1951
BUTLER CO. HEALTH CENTER
FILE No. 151-49

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 George G. Kerby

Signed.....
Student Embalmer

Licensed Embalmer No. 1952

P. O. Address Peter Bluff, Pa.

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.