

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 9 1951 STANDARD CERTIFICATE OF DEATH

State File No. 7548  
Registrar's No. 358

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>13 years</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1339 Buchanan Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>1339 Buchanan Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>Brakey, Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 29 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 20, 1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill-worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Seed Company</b>	11. BIRTHPLACE (State or foreign country) <b>Holton, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Brakey</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Shouse</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Brakey</b>
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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>511-03-6839</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Catherine Brakey, 1339 Buch.</b>	ADDRESS <b>St. Joseph Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Progressive atrophy of the central nervous system with</b> DUE TO (c) <b>general paralysis and atrophy of all muscles.</b>		
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 <b>355x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-16, 1949, to 3-29, 1951; that I last saw the deceased alive on 3-27, 1951, and that death occurred at 2:30P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm B. ...</i>	(Degree or title)	23b. ADDRESS <b>510 Carly Blvd</b>	23c. DATE SIGNED <b>4-2-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/31/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 5, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casby</b>	446	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bauman Funeral Home</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EXPIRES 6 2001

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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.....

Licensed Embalmer No. 3804

P. O. Address 314 So 10th St. Joplin

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.