No. 300
10.48

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

640

FILED JUN 6 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12333

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5767 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural South River
c. LENGTH OF STAY (In this place): 3 DAYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Palmyra RR3

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City 0690
d. STREET ADDRESS (If rural, give location): 215 Park ST.

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): MARION
c. (Last): BRASHEARS

**4. DATE OF DEATH** (Month) (Day) (Year): May 22 1951

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: DECEMBER 1882
**9. AGE** (In years last birthday): 68 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER (RET)
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Ralls County Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: William M
**13b. MOTHER'S MAIDEN NAME**: Mary E Krigbaum.
**14. NAME OF HUSBAND OR WIFE**: Mary E Brashears
**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.**: 486-14-6725
**17. INFORMANT'S SIGNATURE OR NAME**: Blanche Brashears — **ADDRESS**: Monroe City 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantly

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5/22, 1951, *to* 5/22, 1951, *that I last saw the deceased alive on* Dead on Arrival, *and that death occurred at* 745 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: [signature] **(Degree or Title)**: MD
**23b. ADDRESS**: Palmyra Mo
**23c. DATE SIGNED**: 5/23/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-24-1951
**24c. NAME OF CEMETERY OR CREMATORY**: St Judes Cemetery
**24d. LOCATION** (City, town, or county) (State): Monroe City, Missouri

**DATE REC'D BY LOCAL REG.**: 5-31-51
**REGISTRAR'S SIGNATURE**: E M Luke
189 0
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: WILSON & SON'S Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 1 1951
...ON CO. HEALTH DEPT.
DATE FILED JUN 5 1951

## 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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.