No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2076

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Moniteau Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Walker
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): California. Mo Rt #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Walker 0680
d. STREET ADDRESS (If rural, give location): California, Mo Rt # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle): Jane
c. (Last): Brady

4. DATE OF DEATH (Month) (Day) (Year): 1/25/52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 1. 1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: O Home
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Geo Britton
13b. MOTHER'S MAIDEN NAME: Emma Brewsher
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Margaret Butcher — ADDRESS: Indep 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): Arteriosclerosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
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): Walker (COUNTY): Moniteau (STATE): Mo

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* Dec. 1, 1950, *to* Jan 25, 1952, *that I last saw the deceased alive on* Dec. 15, 1950, *and that death occurred at* 12/10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. H. Barrion D.O.
23b. ADDRESS: California
23c. DATE SIGNED: 1/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/27/52
24c. NAME OF CEMETERY OR CREMATORY: Sappington Cemt.
24d. LOCATION (City, town, or county) (State): Rt 1, California. Mo

DATE REC'D BY LOCAL REG.: 1-25-52
REGISTRAR'S SIGNATURE: H. R. Popejoy L R 202
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Bourlin — ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 5 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed FEB 5 1952

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 Earl Boulin

Signed _____
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address Calistoga, Calif.

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.