

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4252

State File No. 20994

FILED JUN 20 1952

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 164 | | PRIMARY REG. DIST. NO. 3032 | | Registrar's No. 77 | |
| 1. PLACE OF DEATH a. COUNTY Johnson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerview Twp | | c. LENGTH OF STAY (In this place) 47 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerview, (Rural) Twp. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route, Centerview | | | | d. STREET ADDRESS (If rural, give location) Rural Route Centerview 0510 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) David | | b. (Middle) Erskin | | c. (Last) Braden | | 4. DATE OF DEATH (Month) (Day) (Year) June 10 1952 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 3, 1875 | |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months 4 | | IF UNDER 24 HRS. Hours 7 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY retired | | 11. BIRTHPLACE (State or foreign country) Bates Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME David F. Braden | | 13b. MOTHER'S MAIDEN NAME Mary Jane Heizer | | 14. NAME OF HUSBAND OR WIFE Stella Irvin Braden | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Stella Braden, Centerview, Missouri 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary Oedema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Hypertensive Heart Disease | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr. 12 weeks 10 yrs. | |
| 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) | | 443X | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from 6-1 , 19 41 , to 6-10 , 19 52 , that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 4 A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) MD | | | | 23b. ADDRESS Waverly Ln | | 23c. DATE SIGNED 6-11-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 6/12/52 | | 24c. NAME OF CEMETERY OR CREMATORY Centerview | | 24d. LOCATION (City, town, or county) (State) Centerview, Mo. | |
| DATE REC'D BY LOCAL REG. June 11, 1952 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cook Funeral Home, Chilhowee, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 16 1952
RECEIVED
JOHNSON COUNTY HEALTH DEPT

VS
MAY 27 1959
MAY 27 1959
JUN 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Missouri.

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.