

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2011**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>			
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		c. CITY OR TOWN <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>0532</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>474 TAYLOR</u>				d. STREET ADDRESS (If rural, give location) <u>474 TAYLOR</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christopher C.</u> b. (Middle) _____ c. (Last) <u>Brackett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1953</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH (last birthday) <u>Nov. 5 1875</u>	
9. AGE (15 years or under) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joe Brackett</u>		13b. MOTHER'S MAIDEN NAME <u>Mahale Aihart</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Brackett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Brackett Competition Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> 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. <u>Disability</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
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) <u>4343</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>Sept</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>52</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Cunningham M.D. Lebanon</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>1-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/22/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-23-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rubens</u>		ADDRESS <u>Lebanon mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

537
1

JAN 26 1953

Received
Lancaster County Health Unit
No. 1-53-11
to File
JAN 27 1953

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 S. P. Palmer

Licensed Embalmer No. 220 P

P. O. Address Lebanon mo.

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.