

S. No. 300  
v. 10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5162

State File No. ....

0220  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY OR TOWN <u>Ozark Mo</u>		c. CITY OR TOWN <u>Bruner, Mo</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>Bruner Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haguewood Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Jane</u> b. (Middle) <u>Braden</u> c. (Last) <u>Braden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov 14 1881</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		

13a. FATHER'S NAME <u>John Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Litha Bounds</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Etta Davis, Fordland, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilis, CNS with hemiplegia left</u>		INTERVAL BETWEEN ONSET AND DEATH <u> yrs 2</u>	
ANTECEDENT CAUSES Morbidity 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 _____	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>4 Nov 1952</u> , to <u>1 Feb 1953</u> , that I last saw the deceased alive on <u>1 Feb 1953</u> , and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>J. D. Ripper</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>2 Feb '53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 4 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bruner</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 26 1953</u>		REGISTRAR'S SIGNATURE <u>Luetta Leonard</u> <u>54-10</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Ozark Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 F. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark, 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.