

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6770

State File No.

S. No. 800
v. 10.48

0592

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

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3094</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Luzerne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Luzerne</u>			
b. CITY OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0592</u> OR TOWN <u>Chillicothe</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1574 Calhoun</u>				STREET ADDRESS (If rural, give location) <u>1574 Calhoun</u>			
3. NAME OF DECEASED a. (First) <u>WYBEE</u>			b. (Middle) <u>SHERMAN</u>		c. (Last) <u>BRASSFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>4-2-1865</u>	9. AGE (In years last birthday) <u>87</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>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas Brassfield</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chillicothe Mo</u> <u>Fred Mc Cullough - 1574 Calhoun</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of right leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4501</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>15 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)			
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>Jan 16, 1953</u> , to <u>Feb 6, 1953</u> , that I last saw the deceased alive on <u>Feb 4, 1953</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. C. Spitzer</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>Feb 6 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-6-53</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne 171 Galat Mo</u>			

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.