

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17755**

FILED JUN 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **28** PRIMARY REG. DIST. NO. **5465** Registrar's No. **507**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b> <b>0390</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> <b>0390</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Campbell</b> <b>SPRINGFIELD (RURAL)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Campbell</b> <b>SPRINGFIELD (RURAL)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>ROUTE # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE # 2</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>EMERT</b>	b. (Middle) <b>M.</b>	c. (Last) <b>BRAKE</b>	(Month) <b>MAY</b>	(Day) <b>27</b>	(Year) <b>1953</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 7 1899</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>service station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SEARS*ROEBUCK CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CHRISTIAN COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James F. Brake</b>	13b. MOTHER'S MAIDEN NAME <b>Josephene Copeland</b>	14. NAME OF HUSBAND OR WIFE <b>GRACE BRAKE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>491-03-7614</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. GRACE BRAKE SPRINGFIELD, MO.</b>	
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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		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ischemic Coronary Occlusion</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4201</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 \_\_\_\_\_ until that death occurred at **3P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edith Williamson</b> Deputy Registrar (Printer title) of Vital Statistics	23b. ADDRESS <b>Greene County Court House, Springfield, Missouri</b>	23c. DATE SIGNED <b>5/28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5/29/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DANFORTH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>5/28/53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. LOHMEYER SPRINGFIELD, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Walter E. Zamella*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.