

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

State File No. **18785**

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) Stover, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stover, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) LaVena	c. (Last) Braden	May 14, 1953		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 18, 1929	9. AGE (In years) 23 (Months) 10 (Days) 26	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physically Handicapped	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Stover, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lee Braden	13b. MOTHER'S MAIDEN NAME Ardella Mae Braden	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lee Braden Stover, Mo.	ADDRESS
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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 20 hours from birth.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypotatal pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital malformation 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March, 1952, to May, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE Thos. P. Woodcock P.O.	23b. ADDRESS Stover, Mo.	23c. DATE SIGNED May 15, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County Missouri
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DATE REC'D BY LOCAL REG. May 16th 1953	REGISTRAR'S SIGNATURE John H. Ripberger	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Steverson	ADDRESS Stover Mo.
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

J. L. Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stover 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.