

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6056 State File No. 22638

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4457 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Butler OR TOWN Lowry City		c. LENGTH OF STAY (In this place) 46 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi; W- Lowry City		d. STREET ADDRESS (If rural, give location) 3 Mi; W- Lowry City	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) -- c. (Last) Brack			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 16, 1886		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Frank Brack		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ethel Brack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Brack, Lowry City Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		DUPLICATE OF (a) Suicide			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lowry City, (Rural) St. Clair Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13, 53 6AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self Inflicted	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larrett W. ...		23b. ADDRESS Osceola Missouri		23c. DATE SIGNED 6/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/53		24c. NAME OF CEMETERY OR CREMATORY Lowry City	
		24d. LOCATION (City, town, or county) (State) Lowry City Mo.			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-13-53 Ruth Seewers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. ...	
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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. B. Goodrich

Licensed Embalmer No. 3028

P. O. Address. Quebec, N.S.

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.