

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9379**

No. 300  
10.48

FILED **MAR 16 1954**

BIRTH NO. **124** REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4817** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>MADISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MADISON</b>	
b. CITY OR TOWN <b>MAYOQUAND, MO</b>		c. CITY OR TOWN <b>MAYOQUAND, MO.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>DWAYNA — BRASWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 28 - 1954</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-18-1870</b>	9. AGE (in years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MAYOQUAND, MO</b>	
13a. FATHER'S NAME <b>DWAYNA BRASWELL</b>			13b. MOTHER'S MAIDEN NAME <b>JANA SULLIVAN</b>		14. NAME OF HUSBAND OR WIFE <b>LULA E BRASWELL</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Orville M. Braswell</b>		ADDRESS <b>512045 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastasis of Melanoma</b>		
	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 <b>190X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **2/9**, 1929, to **2/28**, 1954, that I last saw the deceased alive on **2/26**, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Kneust DO</b> (Degree or title)		23b. ADDRESS <b>Luterville Mo.</b>	23c. DATE SIGNED <b>3/1/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/2/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITMAN COM</b>	24d. LOCATION (City, town, or county) (State) <b>MAYOQUAND MO</b>
DATE REC'D BY LOCAL REG. <b>3-9-1954</b>	REGISTRAR'S SIGNATURE <b>Florence Ficker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. W. M. Maguire</b> ADDRESS	

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

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FREDERICKTOWN, MD. DEPT.  
**RECEIVED**  
MAR 15 1954  
**NEGATIVE**  
FILE No. 354-14

**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. 499

working under my personal supervision.

Student Ray G. James  
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, Md.

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.