

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17736

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Summit</u> 1110	
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)	a. (First) <u>IRA</u>	b. (Middle) <u>D.</u>	c. (Last) <u>BRAME</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 31, 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 1 YEAR <u>4</u> Days	IF UNDER 24 HRS. <u></u> Hours	IF UNDER 24 HRS. <u></u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Kirby Lumber Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Van Buren Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas W. Brame</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gibson Gula</u>	14. NAME OF HUSBAND OR WIFE <u>Fitzwater</u>
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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)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gula Brame</u>	ADDRESS <u>Summit, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema from</u>		
	ANTECEDENT CAUSES Abstrid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcoholism</u> DUE TO (c) <u></u>		
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? <u>3222</u> 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)
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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?
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22. I hereby certify that I attended the deceased from Apr 2, 1954, to May 10, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. P. Dunning</u> (Degree or title)	23b. ADDRESS <u>Summit Mo</u>	23c. DATE SIGNED <u>5-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masone</u>	24d. LOCATION (City, town, or county) (State) <u>Summit, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 12, 1954</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 460	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thosmas W. Bush</u> ADDRESS <u>Summit, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 17 1954

WAYNE CO. HEALTH CENTER

FILE No. 5 54-22

JUN 1 1954

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 Roman W. Gish
Licensed Embalmer No. 3387

P. O. Address Midmont Me

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.