

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22674

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 11 years	c. CITY OR TOWN Springfield
d. FULL NAME OF HOSPITAL OR INSTITUTION 2345 Pierce Avenue		e. STREET ADDRESS (If rural, give location) 2345 Pierce Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) ROSETTE	c. (Last) BRASHER	4. DATE OF DEATH (Month) (Day) (Year)
				July 14, 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 22 Sept. 1877	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Webster County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Yandell	13b. MOTHER'S MAIDEN NAME Isabelle Shaver	14. NAME OF HUSBAND OR WIFE Daniel H. Brasher
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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 Albert Brasher, Springfield, Missouri	18. ADDRESS 2345 Pierce Avenue, Springfield, Missouri
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensating Heart Lesion		about 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Lesion DUE TO (c)		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Serulity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) m.	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 **3-21-1949** to **7-14-1954** that I last saw the deceased alive on **7-13-1954**, and that death occurred at **3:10A** m., from the causes and on the date stated above.

23a. SIGNATURE C E Zeller (Degree or title) M D	23b. ADDRESS 609 Cherry Springfield Mo	23c. DATE SIGNED 7-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 18 July 1954	24c. NAME OF CEMETERY OR CREMATORY Number 5 Cemetery	24d. LOCATION (City, town, or county) (State) Wright County, Missouri.
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DATE REC'D BY LOCAL REG. 7/16-54	REGISTRAR'S SIGNATURE Edna Williamson	FUNERAL DIRECTOR'S SIGNATURE Frank C. Phineas	ADDRESS Springfield, Missouri
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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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No...3681...
Springfield,
P. O. Address Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.