

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **980**  
Registrar's No. **33**

FILED JAN 16 1956

|  |  |   |   |  |   |  |  |   |  |
|--|--|---|---|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>128</u>   |   | PRIMARY REG. DIST. NO. <u>2000</u>   |   | Registrar's No. <u>33</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Springfield</u>   |  | c. LENGTH OF STAY (In this place)<br><u>5 mos.</u>  |   | c. CITY OR TOWN <u>Springfield</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Route # 8</u>  |  |   |   | f. STREET ADDRESS (If rural, give location)<br><u>Route # 8</u>  |   |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>DELORES</u><br>b. (Middle) <u>JUNE</u><br>c. (Last) <u>BRAKE</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan. 9, 1956</u> |  |   |  |  |   |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   |   | 8. DATE OF BIRTH<br><u>Sept. 17, 1934</u>  |  |   |  |
| 9. AGE (In years last birthday)<br><u>21</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |   | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |   |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Waitress</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Restaurant</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Webster County, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |  |   |  |
| 13a. FATHER'S NAME<br><u>Harry Keller</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Edith Breedlove</u>             |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Earl Haze Brake</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO. (If you, give war or dates of service)<br><u>Unknown</u>                                  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Harry Keller Fordland, Missouri</u>  |   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |   |   | MEDICAL CERTIFICATION  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instant</u>                                  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound</u>  |  |   |   | II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |  |  |   |  |
| 19a. DATE OF OPERATION   |  |   |   | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. AGONY SUICIDE HOMICIDE (Specify)<br><u>Homicide</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Farm</u>           |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Springfield Greene Missouri</u>  |   |  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Jan 8, '56 10p.m.</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br><u>Shot by 22 caliber rifle</u>  |   |  |  |   |  |
| 22. I hereby certify that I attended the deceased from _____ to _____, that the death occurred at <u>10p. m.</u> , from the causes and on the date stated above.   |  |   |   |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Edith Williamson</u>  |  |   |   | 23b. ADDRESS<br><u>Springfield, Missouri</u>   |   | 23c. DATE SIGNED<br><u>1/11/1956</u>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>1/11/1956</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Fordland Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Fordland, Missouri</u>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>1-12-56</u>   |  | REGISTRAR'S SIGNATURE<br><u>Edith Williamson</u>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>aye - Goodwin Springfield, Mo.</u> |  |  |   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
628 West Walnut  
SPRINGFIELD, MISSOURI

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.....  
*James W. Weir*

Licensed Embalmer No..4..6..5

P. O. Address ..Springfield

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.