

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16889

State File No.

BIRTH MONTH **FILED JUN 12 1956** REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Competition	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) Competition	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) L.	c. (Last) Brackett	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Agricultive	11. BIRTHPLACE (City and State or Foreign Country) Stoutland, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Brackett	13b. MOTHER'S MAIDEN NAME Josephine Aheart	14. NAME OF HUSBAND OR WIFE Myrtle Brackett
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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. 494-18-9693	17. INFORMANT'S SIGNATURE OR NAME Myrtle Brackett	ADDRESS Competition, Mo.
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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 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **5-19, 1956**, to **5-27, 1956**, that I last saw the deceased alive on **5-23, 1956**, and that death occurred at **12 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Harrington, M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 5-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 1956	24c. NAME OF CEMETERY OR CREMATORY McBride	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
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DATE REC'D BY LOCAL REG. 6-2-1956	REGISTRAR'S SIGNATURE Khella L. Day	25. FUNERAL DIRECTOR'S SIGNATURE S. R. Palmer	ADDRESS Lebanon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24-0

JUN 12 1956

Received 6-11-56
Laclede County Health Unit
File No. 109
Date Filed 6-11-56

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 S. R. Palmer

Licensed Embalmer No. 220

P. O. Address Lebanon

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.