

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25904**

FILED AUG 28 1956

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN Mexico	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) mins.		e. STREET ADDRESS (If rural, give location) Teal Lake Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) _____ c. (Last) Brett			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 29, 1888	9. AGE (In years last birthday) 67	10. IF UNDER 24 HRS. Hours Days Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horseman		10b. KIND OF BUSINESS OR INDUSTRY Horse Training	11. BIRTHPLACE (City and State or Foreign Country) Auxvasse, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Taylor Brett		13b. MOTHER'S MAIDEN NAME Jennie Eller		14. NAME OF HUSBAND OR WIFE Mrs. Demorah Brett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Demorah Brett ADDRESS Mexico, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 **7-25, 1956**, to **8-2, 1956**, that I last saw the deceased alive on **8-2, 1956**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23a. SIGNATURE Cl. Garcia MD (Degree or title)		23b. ADDRESS Mexico Mo		23c. DATE SIGNED 8-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-27-1956		24c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	
				24d. LOCATION (City, town, or county) (State) Auxvasse, Missouri	

DATE REC'D BY LOCAL REG. 9-0 Aug 27-1956		REGISTRAR'S SIGNATURE Blanche Reely		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home ADDRESS Mexico, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1956
AUG 30 1956

SEP 18 1956

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.....
M. R. Knight

Licensed Embalmer No. *4655*

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