

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26749

State File No.

FILED AUG 29 1956

BIRTH NO. 51380-56 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give town) Ironton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Ellington	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's of the Ozarks		d. STREET ADDRESS (If rural, give location) e-900	
3. NAME OF DECEASED (Type or Print) a. (First) Marion		b. (Middle) Robert	
c. (Last) Brawley Jr.		4. DATE OF DEATH (Month) (Day) (Year) August 27 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH August 26, 1956
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Ironton, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Robert Brawley		13b. MOTHER'S MAIDEN NAME Mary Lena Goodson	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bronchial pneumonia (right) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aspiration during delivery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS cord around neck and shoulders Conditions contributing to the death but not related to the disease or condition causing death. posterior delivery	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7610	
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 8-26-56 to 8-27-56 , 19 56 , that I last saw the deceased alive on 8-27-56 , 19 56 , and that death occurred at 4:04 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. E. Harland M.D.		23b. ADDRESS Ironton, Mo.	
23c. DATE SIGNED 8/27/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/28/56	
24c. NAME OF CEMETERY OR CREMATORY Welch Cemetery		24d. LOCATION (City, town, or county) (State) Redford, Missouri	
DATE REC'D BY LOCAL REG. 8-29-56		REGISTRAR'S SIGNATURE Edgar A. Budget	
25. FUNERAL DIRECTOR'S SIGNATURE White		ADDRESS White Funeral Home Ironton, Mo.	

(Licensed Embalmer's Statement on Reverse)

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

S. No. 300
V. 10.48

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 _____

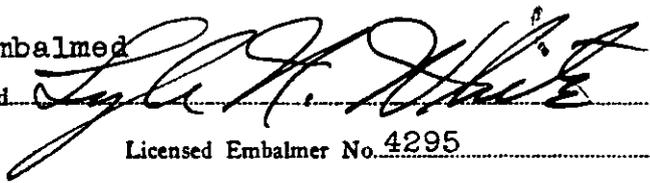
Student Embalmer No. _____

working under my personal supervision.

Was not embalmed

Student
Student Embalmer

Signed



Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

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.