

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH403081  
State File No. 38C

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4494</u>		Registrar's No. <u>38C</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>SHANNON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>WINONA</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>SHANNON</u>	
c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY OR TOWN <u>WINONA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>WINONA Missouri</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>FRANKIE</u>	b. (Middle) <u>BEULAH</u>	c. (Last) <u>BRAWLEY</u>	Month <u>NOV</u>	Day <u>26</u>	Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAR 18, 1932</u>		9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SHANNON County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES W. BRAWLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE BUCKNER</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Brawley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maggie Brawley Winona, MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>36 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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)		332X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May</u> , 19 <u>50</u> , to <u>NOV 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>NOV 25</u> , 19 <u>56</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.E. Sharp D.O.</u>				23b. ADDRESS <u>Winona MO</u>		23c. DATE SIGNED <u>11/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WINONA Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WINONA MO</u>		
DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Green</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coleman McSpadden Van Buren MO.</u>			
(Licensed Embalmer's Statement on Reverse Side)							

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

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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..... *Allen C. McFadden*

Licensed Embalmer No. *454*

P. O. Address *The Bureau*

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.