

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44544

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Nevada			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY - OR Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Lates Nursing Home 2mos. #812 No. Washington St.				Length of stay in 1b		d. STREET ADDRESS 725 N. Washington	
3. NAME OF DECEASED (Type or print) First Jennie Middle Mae Last Braham				4. DATE OF DEATH Dec. 18, 1956 Month Dec. Day 18 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 8, 1877		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 6 Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mathew George				14. MOTHER'S MAIDEN NAME Rachel Walker			
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. none		17. INFORMANT Address Mrs. Marjorie Pohl Nevada, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>							
DUE TO (c) <input checked="" type="checkbox"/>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). none						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> no no no			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) none				
20c. TIME OF INJURY Hour none Month Day Year 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Nevada		20g. COUNTY Vernon	
				STATE Mo			
21. I attended the deceased from Oct 1956 to Dec 18/56 and last saw her alive on Dec 17/56 Death occurred at 1:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Love				22b. ADDRESS Nevada Mo		22c. DATE SIGNED 12/22/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/20/56	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) (State) Nevada, Missouri		
24. FUNERAL DIRECTOR Eichinger Funeral Home-Nevada, Mo.				25. DATE RECD. BY LOCAL REG. 12-26-'56		26. REGISTRAR'S SIGNATURE Anna E. Ferry	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Seacy F. Milster*

Licensed Embalmer No. *b 480*

P. O. Address..... *Nevada,*

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.