

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5345**

FILED FEB 27 1957

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (in this place) 4 Years	c. CITY OR TOWN Lebanon 0532
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 Stanwood		e. STREET ADDRESS (If rural, give location) 14 Stanwood	

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) BELL	c. (Last) BRAKEBILL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Camden County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. C. Milligan	13b. MOTHER'S MAIDEN NAME Sadie Miller	14. NAME OF HUSBAND OR WIFE James H. Brakebill
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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. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loren Brines, Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		6 Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) Seridity - Angina Pectoris		6 yrs.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lebanon Missouri 2
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **12/30** ¹⁹⁵² to **2/16**, 19**57**, that I last saw the deceased alive on **2/16**, 19**57**, and that death occurred at **3:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Fisher M.D.	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 2/18/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-57	24c. NAME OF CEMETERY OR CREMATORY Ira Cemetery	24d. LOCATION (City, town, or county) (State) Laclede County Missouri
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DATE REC'D BY LOCAL REG. 2-19-1957	REGISTRAR'S SIGNATURE Hella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

424
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Received 2-25-57

Laclede County Health Unit

File No. 27

Date Filed 2-25-57

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.