

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1957

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 5002 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>Liberty Twp. Novinger</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>R. F. D. Novinger</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at family home</b> Length of stay in 1b yrs <b>1</b>		d. STREET ADDRESS (If outside, give location) <b>Liberty Twp.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Claude</b> <sup>First</sup> <b>R.</b> <sup>Middle</sup> <b>Bragg</b> <sup>Last</sup>			4. DATE OF DEATH <b>3/14/57</b> <sup>Month</sup> <sup>Day</sup> <sup>Year</sup>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/29/1878</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Adair, county</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Abner P. Bragg</b>				14. MOTHER'S MAIDEN NAME <b>Cathern Kohmyre</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Roy Bragg, Novinger, Mo.</b> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kirksville</b> COUNTY <b>Adair</b> STATE <b>Mo.</b>		
21. I attended the deceased from <b>Jan 15 1857 to MAR. 13 1957</b> and last saw him alive on <b>MAR. 13 - 57</b> Death occurred at <b>7:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deputy or title) <b>C. L. Marshall D.O.</b>				22b. ADDRESS <b>Kirksville</b>		22c. DATE SIGNED <b>3/16/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/17/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Union Temple</b>		23d. LOCATION (City, town, or county) (State) <b>Adair, Mo.</b>	
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24. FEDERAL DIRECTOR ADDRESS <b>Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-19-1957</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Radloff</b>	
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

Richard R. Ellis

by me, or by ..... Student Embalmer No. 54

working under my personal supervision..

Student

*Richard R. Ellis*  
Signature of Student Embalmer

Signed

*George W. Davalt*

Licensed Embalmer No. 47

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.