

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16082

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 123

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Ladonia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b> Length of stay in 1b <b>15 Min.</b>		d. STREET ADDRESS (If outside, give location) <b>0040</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ryan</b> Middle <b>Scott</b> Last <b>Braden</b>			4. DATE OF DEATH <b>5 25-1957</b> Month Day Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>12-27-1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>83</b>
13. FATHER'S NAME <b>James Braden</b>		11. BIRTHPLACE (City and state or country) <b>Columbus, Indiana</b>	
14. MOTHER'S MAIDEN NAME <b>Wallace</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-44-0733</b>	
17. INFORMANT <b>Mr. Howard Summers</b>		<b>823 W. Love Mexico, Mo.</b>	
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>Acute coronary occlusion</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
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 _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 COUNTY STATE
21. I attended the deceased from <b>10:45 PM May 25, 1957</b> to <b>11:15 AM May 25, 1957</b> and last saw <del>him</del> <b>her</b> alive on <b>May 25, 1957</b> . Death occurred at <b>11:20 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Benjamin S. Doherty M.D.</b>		22b. ADDRESS <b>112 N. Clark Mexico, Mo.</b>	
22c. DATE SIGNED <b>May 25, 1957</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Ladonia Cemetery</b>	
23b. DATE <b>5-28-1957</b>		23c. LOCATION (City, town, or county) <b>Ladonia, Missouri</b>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24. FUNERAL DIRECTOR ADDRESS <b>Willow Bierhoff Ladonia, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>May 28-1957</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1957

JUN 7 8 1957

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 *Clyde C. Wilkey*  
Licensed Embalmer No. *138*

P. O. Address *Perry*

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.