

Health, & Welfare  
Public-  
Service

FILED JUN 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57017566

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 257

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN</b>		d. STREET ADDRESS (If outside, give location) <b>702 ROOSEVELT</b>	
Length of stay in 1b <b>40 YRS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES TINT BRASHER</b>			4. DATE OF DEATH Month Day Year <b>MAY 26 1957</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 20 1895</b>	9. AGE (In years last birthday) <b>61</b>	10. FUNDERS 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SMELTER WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LEAD</b>	11. BIRTHPLACE (City and state or country) <b>POTEAU, OKLA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JIM BRASHER</b>	13b. MOTHER'S MAIDEN NAME <b>JANE BRASHER</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA BRASHER</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. BERTHA BRASHER JOPLIN</b>
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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>Metastatic Ca to Brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
DUE TO (b) <b>from Kidney</b>		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

180X

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"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <b>May 23 57</b> to <b>May 26 57</b> and last saw her alive on <b>5/26/57</b> Death occurred at <b>2 30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>A. H. Crawford, M.D.</b>	22b. ADDRESS <b>Joplin Mo</b>	22c. DATE SIGNED <b>5/28/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL MAY 28, 1957</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR <b>OSARK MEM.</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN Mo</b>
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24. FUNERAL DIRECTOR <b>HURL BUT GLOVER, JOPLIN</b>	25. DATE RECD. BY LOCAL REG. <b>5-31-1957</b>	26. REGISTRAR'S SIGNATURE <b>Dorcas Merriam</b>
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 57-6-768  
Date Filed JUN 5 1957

*Chas Ford*

JUN 10 1957

JAN 23 1959

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 *Rob Green*

Licensed Embalmer No. *4593*  
P. O. Address *Joplin, Mo*

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.