

FILED NOV 5 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36995

STATE FILE NUMBER

 Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> , b. COUNTY <u>RANDOLPH</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. # 2 Sugar Creek</u>		Length of stay in lb <u>20 yrs.</u>	d. STREET ADDRESS <u>R.R. # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LAVINA</u> Middle <u>—</u> Last <u>BRAZEAU</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>28</u> , Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-30-1876</u>	9. AGE (In years last birthday) <u>81</u>
				IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>AVA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James Clinkenbard</u>			14. MOTHER'S MAIDEN NAME <u>— Darrow</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>NOEL BRAZEAU MOBERLY</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis heart disease</u> DUE TO (c) <u>—</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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 <u>—</u> Month <u>—</u> Day <u>—</u> , Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>					
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 <u>8/24/57</u> to <u>10/28/57</u> and last saw <u>her</u> alive on <u>10/14/57</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert Harrison, M.D.</u>			22b. ADDRESS <u>121 S Wmo Moberly, Mo</u>		22c. DATE SIGNED <u>10/28/57</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>—</u>	23d. LOCATION (City, town, or county) <u>AVA, MISSOURI</u>		(State)
24. FUNERAL DIRECTOR <u>MAHAN FUNIL SERVICE - MOBERLY</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10/29/57</u>	26. REGISTRAR'S SIGNATURE <u>Leah W. Lane</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. Green*
Licensed Embalmer

P. O. Address *1406*

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.