

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44011

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 120

Primary Registration District No. 5445

Registrar's No. 157

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 Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bogle Township		c. CITY OR TOWN Bogle Township 2380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West of Gentry		d. STREET ADDRESS (If outside, give location) West of Gentry	
Length of stay in 1b 9 mos.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Jacob Last Bracken			4. DATE OF DEATH Dec. 25, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1890
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	
100: KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Maryville, Missouri	
13. FATHER'S NAME Loman Cornelius Bracken		12. CITIZEN OF WHAT COUNTRY? U.S.	
14. MOTHER'S MAIDEN NAME Mary Elizabeth Everhart		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. 496-42-3232		17. INFORMANT Harold Bracken, Gentry, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X			
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 2:25 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		COUNTY STATE	
21. I attended the deceased from 10-15-56 to 12-24-57 and last saw him alive on 12-24-57 Death occurred at 2:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. D. Merrill (Degree or title) D.O.		22b. ADDRESS Albany, Missouri	
22c. DATE SIGNED Dec. 25, 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 28, 1957	
23c. NAME OF CEMETERY OR CREMATORY Miram		23d. LOCATION (City, town, or county) (State) Maryville, Missouri	
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.		25. DATE RECD. BY LOCAL REG. 12-26-1957	
		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

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