

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028779

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 816

300-1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP.		d. STREET ADDRESS (If outside, give location) 1627 E. CAIRO	
3. NAME OF DECEASED (Type or print) First CLAUDIE Middle MERLE Last BRAGG		4. DATE OF DEATH Month AUG. Day 20 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH NOV. 10 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE OF HIGHWAY DEPARTMENT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ADAIR COUNTY, MO.
13a. FATHER'S NAME CLAUDIE R. BRAGG		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. LYLE JONES GREENCASTLE, 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) Gun shot wound of Head			INTERVAL BETWEEN ONSET AND DEATH Approx 1 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN			976 X
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 X NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted Rifle Shot Bullet entered right temple at eye level and	
20c. TIME OF INJURY Hour 12:55 Month, Day, Year Am 8-20-58		exited on left side an inch back of hairline causing severe brain damage	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2400 Block Glenstone	
20f. CITY, TOWN, OR LOCATION Springfield-Greene -		STATE Missouri	
21. I attended the deceased from D.O.A. Burge , to _____ and last saw her alive on _____ Death occurred at 2:32 A.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James P. ...</i>		22b. ADDRESS Greene County Health Officer Springfield, Missouri	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/20/58	
23c. NAME OF CEMETERY OR CREMATORY UNION TEMPLE CEMETERY		23d. LOCATION (City, town, or county) (State) NEAR KIRKSVILLE, MO.	
24. FUNERAL DIRECTOR H. H. LOHMEYER		25. DATE RECD. BY LOCAL REG. 8-22-58	
26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Decor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 25 1958

SEP 2 1958

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 Paul F. Schmeizer

Licensed Embalmer No. 2457

P. O. Address

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.