

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-040480

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Redford</b> 0900
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Accident on Highway #21</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Redford, Mo.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gilbert Oland Brawley</b>			4. DATE OF DEATH Month Day Year <b>11/28/58</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</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>Oct 25, 1904</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Lesterville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Joseph Brawley</b>	
13b. MOTHER'S MAIDEN NAME <b>Ada Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline Brawley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-16-3021</b>	17. INFORMANT Address <b>Pauline Brawley, Redford, 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>Multiple fractures of skull</b>			INTERVAL BETWEEN ONSET AND DEATH <b>—</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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.) <b>TWO CAR ACCIDENT.</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Rock Twp. Jeff</b>		STATE <b>Mo.</b>	
21. I attended the deceased from <b>Invest</b> to _____ and last saw her alive on _____ Death occurred at <b>9:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James C. Palmer, M.D. Coronar</b>		22b. ADDRESS <b>Festus, Mo.</b>	22c. DATE SIGNED <b>11/28/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Redford Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Redford Mo</b>
24. FUNERAL DIRECTOR <b>Chas Pewitt--Ellington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-573

DEC 8 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 *Chas L. Revitt* .....

Licensed Embalmer No. *4577* .....

P. O. Address *E. LINGTON No* .....

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.

DEC 11 1958