

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043666

STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 116

300
-57

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Dent | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem | | c. CITY OR TOWN Salem | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grand Ave | | d. STREET ADDRESS Grand Ave | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Leola May McElfresh Brayton | | 4. DATE OF DEATH Month Day Year Dec 29 1958 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov 28 1900 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) Texas Co MO U |
| 13a. FATHER'S NAME Levi McElfresh | | 13b. MOTHER'S MAIDEN NAME Aldie Simmons | 14. NAME OF HUSBAND OR WIFE Oscar Brayton |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X | | 16. SOCIAL SECURITY NO. X | 17. INFORMANT Address Oscar Brayton Salem 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) <i>Carcinoma of left breast</i> | | | INTERVAL BETWEEN ONSET AND DEATH 7 mo. |
| 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) 170X | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <i>5/31/58</i> to <i>12/28/58</i> and last saw ^{him} alive on <i>12/28/58</i> Death occurred at <i>5</i> A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>M. Hart</i> (Degree or title) | | 22b. ADDRESS <i>Salem, Missouri</i> | |
| | | 22c. DATE SIGNED <i>1/2/59</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i> | | 23b. DATE <i>12-30-58</i> | |
| 23c. NAME OF CEMETERY OR CREMATORY <i>Brown Cem</i> | | 23d. LOCATION (City, town, or county) (State) <i>Reynolds Co MO</i> | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Spencer Funeral Home Inc</i> | | 25. DATE RECD. BY LOCAL REG. <i>1/2/59</i> | |
| | | 26. REGISTRAR'S SIGNATURE <i>M.M. Hart, M.D. Ly Q.M.</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

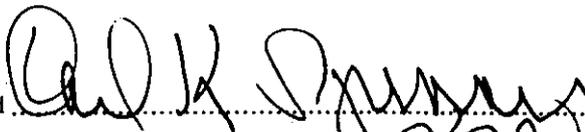
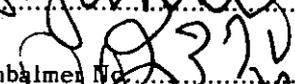
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 
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.