

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-043848**

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 191

300  
1-56

6400

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Galt, Liberty Twp</u>		c. CITY OR TOWN <u>Galt Liberty Twp</u> <sup>c 400</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Sylvester</u> Middle <u>V.</u> Last <u>Brasfield</u>			4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>58</u>		
5. SEX <u>male</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>Jan. 29, 1869</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Mercer Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jess Brasfield</u>			14. MOTHER'S MAIDEN NAME <u>Hazel Kirk</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>none</u>	17. INFORMANT <u>Mrs Ellen Rhoades, Galt, Mo</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>Corn + Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>172 hours</u> <u>25 years</u>
DUE TO (b) <u>Acute apoplexy</u>			
DUE TO (c) <u>Chronic Myocarditis - ruptured</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.) <u>4222</u>		
20c. TIME OF INJURY Hour _____ 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 <u>Sept 14 1958</u> and last saw <u>alive</u> on <u>12/30/58</u> Death occurred at <u>8:00 PM 12/30/58</u> at <u>1958</u> date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Andrew D. Moss</u> (Degree or title)	22b. ADDRESS <u>Galt Mo</u>	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Topsy</u>	23d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>
24. FUNERAL DIRECTOR <u>Noel Moss</u> <u>Princeton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Jane Fair</u>

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

150

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, ~~by~~ ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John M. ...*.....

Licensed Embalmer No. *262*.....

P. O. Address *Summit*.....

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.