

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004682

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 43

Primary Registration District No.

Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2mi. N. Fagus		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pollard Rt. I 80309
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6mi. N. West
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Pharis Conred Brawner			4. DATE OF DEATH Month Day Year Feb. 1, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 23, 1911	9. AGE (In years last birthday) 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Truman D. Brawner	13b. MOTHER'S MAIDEN NAME Mary I. Rogers	14. NAME OF HUSBAND OR WIFE Single
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. 189-111-8529	17. INFORMANT Address Truman D. Brawner Pollard Ark.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple fractures and internal injuries		INTERVAL BETWEEN ONSET AND DEATH
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.) Thrown from a wrecked automobile crushed by the automobile
20c. TIME OF INJURY Hour Month, Day, Year 1:00 A 2-1-59	012

20d. INJURY OCCURRED WHILE AT <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.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Gillis Bluff Twp, Butler Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Grover W. Green Coroner	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 2-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-59	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
23d. LOCATION (City, town, or county) (State) Pollard, Arkansas		

24. FUNERAL DIRECTOR ADDRESS Russell Kortumy Kibcott, Ark	25. DATE RECD. BY LOCAL REG. 2/14/59	26. REGISTRAR'S SIGNATURE R. M. Newhee
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 27 1959

FILE NO.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Gerald W. Hoggard

Licensed Embalmer No. 1116
P. O. Address Piggott Pa

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.