

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021226

FILED JUL 8 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2973  
Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bacon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>La Plata</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childwms Mercy Hosp.</u>		Length of stay in lb <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>0618 R.R. 5</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Patricia</u> Middle <u>Gale</u> Last <u>Bragg</u>			4. DATE OF DEATH Month <u>6</u> Day <u>18</u> Year <u>59</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-19-58</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>8</u> MONTHS <u>29</u> IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min.
11a. FATHER'S NAME <u>Milo Dean Bragg</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Collins Bragg</u>	11. BIRTHPLACE (City and state or country) <u>Kirksville Mo</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>—</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
17. INFORMANT <u>Anna Paul Bragg</u>		14. NAME OF HUSBAND OR WIFE <u>—</u> Address <u>La Plata, Missouri</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>LOBAR PNEUMONIA RIGHT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED DEBILITY</u> DUE TO (c) <u>CONGENITAL BILIARY ATRESIA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7562</u>			INTERVAL BETWEEN ONSET AND DEATH
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 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>6-14-59</u> to <u>6-18-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>6-18-59</u> Death occurred at <u>7:35</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. D. Parman M.D.</u> (Degree or title)		22b. ADDRESS <u>1710 Independence Ave</u>	22c. DATE SIGNED <u>6-18-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 18, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cem</u>	23d. LOCATION (City, town or county) (State) <u>La Plata MO</u>
24. FUNERAL DIRECTOR <u>W W Newcome's Son Inc.</u> ADDRESS <u>N.E. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minchall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. D. Parman

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 *Albert L. Savage* .....

Licensed Embalmer No. *4812* .....

P. O. Address. *Kansas City, Mo.* .....

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.