

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026228

FILED VS AUG 1 0 1959

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2056 Registrar's No. 165

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|--|--------------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u> | | | 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Jacksonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>P.F.#1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>BRAMMER</u> Last <u>BRAMMER</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/18/1903</u> | 9. AGE (last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secular Labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash H.R.</u> | | 11. BIRTHPLACE (City and state or country) <u>Jacksonville MO.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Robert Lee Brammer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Miles</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Helen Brammer</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>Mrs. Helen Brammer</u> | | 17. ADDRESS <u>Jacksonville 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>Acute Coronary Infarction</u> DUE TO (b) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Coronary Insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Right bundle branch block - evidence of interseptal infarction.</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Not applicable</u> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> <u>Not applicable</u> | | 20d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | |
| 20f. CITY, TOWN, OR LOCATION <u> </u> | | 20g. COUNTY <u> </u> | | 20h. STATE <u> </u> | |
| 21. I attended the deceased from <u>July 15, 1959</u> to <u>July 27, 1959</u> and last saw ^{her} him alive on <u>July 27, 1959</u> Death occurred at <u> </u> <u>4:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | 22b. ADDRESS <u>Wabash Employes' Hospital</u> <u>Moberly, Missouri</u> | | 22c. DATE SIGNED <u>7/29/59</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>July 29-1959</u> | | 23c. LOCATION (City, town, or county) (State) <u>Woodville Cemetery</u> <u>Woodville MO.</u> | |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-29-59</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1 1959

AUG 1 6 1 9 59

VS MAY 23 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. H 117
P. O. Address Moherly

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.