

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013993

FILED VS MAR 28 1960

373

Registration District No. Primary Registration District No. 6267

19

STATE FILE NUMBER

DED

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) JACKSON TWP. | | Length of stay in 1b 8 MO | c. CITY OR TOWN MARSHFIELD RI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5 MI NORTH Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last DAVID WILLIAM BRAKE | | | 4. DATE OF DEATH Month Day Year MAR 13 1960 | |
| 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 5-21-1957 | 9. AGE (last birthday) Months 9 Days 22 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY U.S.A |
| 13a. FATHER'S NAME WILLIAM BRAKE | | 13b. MOTHER'S MAIDEN NAME CHLOE BRYANT | | 14. NAME OF HUSBAND OR WIFE WILLIAM BRAKE MARSHFIELD MO RI |
| 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. | 17. INFORMANT WILLIAM BRAKE MARSHFIELD MO RI Address | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) SEPSIS | | |
| DUE TO (c) UNDETERMINED ORIGIN | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) IRON DEFICIENCY ANEMIA DUE TO DIETARY DEFICIENCY | | 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 |

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| 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.) |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 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 **11-30-59** to **3-13-60** and last saw ^{her} ~~him~~ alive on **3-13-60**
Death occurred at **830 P** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Robert J. Barcia, M.D. | 22b. ADDRESS MARSHFIELD, MO. | 22c. DATE SIGNED 3-16-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 3-16-1960 | 23c. NAME OF CEMETERY OR CREMATORY MT PISGAN |
| 23d. LOCATION (City, town, or county) WEBSTER CO MO | 24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD. | 25. DATE RECD. BY LOCAL REG. 3-24-60 |
| 26. REGISTRAR'S SIGNATURE <i>J. Francis</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 38

P. O. Address Mt. Carmel Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.