

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011173

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 448

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1963

1. PLACE OF DEATH
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield** Length of stay in lb **65 years**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Baptist Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Greene**
 c. CITY OR TOWN **Springfield** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **922 E. Normal** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
ELIZABETH BRAGG **March 22 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **May 2, 1873** 9. AGE (last birthday) **89**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Teacher** 10b. KIND OF BUSINESS OR INDUSTRY **Supervisor 6th grade** 11. BIRTHPLACE (City and state or country) **Monroe City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Felix M. Allison** 13b. MOTHER'S MAIDEN NAME **Mary M. (unknown)** 14. NAME OF HUSBAND OR WIFE **Anne McMillan, Springfield, Mo.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **No** 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT **922 Normal** Address **Anne McMillan, Springfield, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)
 IMMEDIATE CAUSE (a) **General Atherosclerosis** INTERVAL BETWEEN ONSET AND DEATH **3 yrs.**
 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) **Herpes Zoster**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **1961** to **3/22/63** and last saw her/him alive on **3/22/63**
 Death occurred at **6:56 a.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Telechan MD** 22b. ADDRESS **Springfield Mo.** 22c. DATE SIGNED **3/26/63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **March 25, 1963** 23c. NAME OF CEMETERY OR CREMATORY **East Lawn** 23d. LOCATION (City, town, or county) **Springfield, Missouri**

24. FUNERAL DIRECTOR **Jewell E. Windle, Springfield, Mo.** ADDRESS **B. 7. W.** 25. DATE RECD. BY LOCAL REG. **April 1, 1963** 26. REGISTRAR'S SIGNATURE **Effie S. Merton**

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit 3-23-63

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.