

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012751

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 48

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0840

2 20840

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4 1

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7 0

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9 155.1

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED APR 18 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Polk</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Polk</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mooney Township</u>		c. CITY OR TOWN <u>Pleasant Hope</u>	
Length of stay in lb <u>50 years</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>Rural - Mooney</u>		d. STREET ADDRESS (If outside, give location) <u>Route #1</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>BRAKEBILL</u> Last _____		4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>63</u>	
5. SEX <u>Female</u>	6. COLOR OF 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>12-15-1894</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marion Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>Lola Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Brakebill</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. _____	
17. INFORMANT <u>Bert Brakebill</u>		Address <u>Pleasant Hope Route #1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma gallbladder with metastases, abdominal, generalized.</u>			<u>1 yr</u>
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)			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 <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 checked="" 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>Aug 62</u> to <u>Mar 63</u> and last saw her alive on <u>3/20/63</u>			
Death occurred at <u>11:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Melvin W. Work</u> (Degree or title)		22b. ADDRESS <u>Springfield Mo.</u>	22c. DATE SIGNED <u>3/29/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope Cemetery, Polk County, Mo.</u>
24. FUNERAL DIRECTOR <u>Sidney J. Pitts</u> ADDRESS <u>Bolivar, Mo</u>		25. DATE RECD. BY LOCAL REG <u>3-30, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon Per J &</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 9 1963

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Permit received Mar. 28, 1963

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 Larry R. Tillery

Licensed Embalmer No. 5166

P. O. Address Bolivar, 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.

J. H.