

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0031931

STATE FILE NUMBER

Registration District No. 334 Primary Registration District No. 6137 Registrar's No. 322

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010

2 1010

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED AUG 5 1966</p>		<p>1. PLACE OF DEATH a. COUNTY <u>Shannon</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona Twp</u></p>		<p>Length of stay in 1b</p>		<p>c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Rt.</u></p>			<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>St. Rt.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Othur</u> Middle <u>H.</u> Last <u>Brawley</u></p>			<p>4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1966</u></p>		
<p>5. SEX <u>M</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1/25/11</u></p>	<p>9. AGE (last birthday) <u>55</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Winona, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Charles N. Brawley</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Drucilla Rook</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Maudie L. Brawley</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>yes</u></p>	<p>17. INFORMANT Address <u>Maudie L. Brawley St. Rt. Winona Mo.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) <u>Malnutrition</u></p>					<p><u>6 weeks</u></p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					
<p>DUE TO (b) <u>Generalized metastases</u></p>					<p><u>1-yr</u></p>
<p>DUE TO (c) <u>Carcinoma of the Prostate</u></p>					<p><u>5 yrs?</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>July 30 1966</u> to <u>July 23 1966</u> and last saw ^{her}him alive on <u>July 17 1966</u> Death occurred at <u>?</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>T. E. Ruff</u> (Degree or title) <u>MD</u></p>		<p>22b. ADDRESS <u>623 Pine Popear Bluff Mo</u></p>		<p>22c. DATE SIGNED <u>7-30-66</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>7/25/66</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Winona, Missouri</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>8-4-1966</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Uebel Roena</u></p>		

AUG 5 1966

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

Jerry Hers Carson

Licensed Embalmer No. 5358

P. O. Address

Mt. View, 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.