

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13657**

FILED **MAY 4 1953** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **117**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City		c. LENGTH OF STAY (In this place) 1 hr.	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION: Charles E. Hill		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Ditha b. (Middle) Winnifred c. (Last) Brackett		4. DATE OF DEATH (Month) (Day) (Year) April 29 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 3, 1899
9. AGE (In years, months, days) 60 4 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Girard Ill. Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME James Jackson	
13b. MOTHER'S MAIDEN NAME Fronnie Sapp		14. NAME OF HUSBAND OR WIFE Edward Brackett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Norman Nichols		ADDRESS 312 W. Elm	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emboli ANTECEDENT CAUSES DUE TO (b) Post cholecystectomy DUE TO (c) Cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 584X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 17, 1953 , to April 29, 1953 , that I last saw the deceased alive on April 29, 1953 , and that death occurred at 2 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Sourance Ernest Giffers (Degree or title)		23b. ADDRESS Jefferson City	
23c. DATE SIGNED 4/29/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Centertown	
24d. LOCATION (City, town, or county) (State) Centertown - Mo		25. FUNERAL DIRECTOR'S SIGNATURE Anderson - Tanner - J. C. - Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Anderson - Tanner - J. C. - Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. May 1-53		REGISTRAR'S SIGNATURE R. P. Davis MD - OR	

C-4992

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.....
[Handwritten Signature]

Licensed Embalmer No. 364

P. O. Address.....
[Handwritten Address]

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.