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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28125

State File No. _____

FILED SEP 14 1953

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>80</u> | | PRIMARY REG. DIST. NO. <u>5306</u> | | Registrar's No. <u>16</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole Co</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline Co</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, No Marion</u> | | c. LENGTH OF STAY (In this place) <u>3 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo</u> | | 0.972 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centertown, Mo. Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>732 North Lafayette St</u> / | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> | | b. (Middle) <u>James</u> | | c. (Last) <u>Brackett</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1953</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Jan 1 1874</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Section Hand</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cook Co. Tenn</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joseah Brackett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Hudson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Wagner, Centertown, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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 | |
| 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) <u>Centertown Cole Mo</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>Sept. 9, 1953</u> to <u>Sept. 10, 1953</u> , that I last saw the deceased alive on <u>Sept. 9, 1953</u> and that death occurred at <u>2:45 AM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. A. Benion</u> (Deponent title) | | | | 23b. ADDRESS <u>S.O. California Mo</u> | | 23c. DATE SIGNED <u>9/10/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 12 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept. 11</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>East Bonlin - California</u> | | ADDRESS <u>870</u> | |

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

600-20-100

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

Student Embalmer

Signed

Jack H. Bowlin

Licensed Embalmer No. 7933

P. O. Address California, W/o

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 this body is not embalmed, fact should be so stated above.