

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2076

FILED FEB 6 1952

BIRTH NO. ....

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 5796

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>California. Mo Rt #2</u>		d. STREET ADDRESS (If rural, give location) <u>California, Mo Rt #2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Brady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/25/52</u>	
5. SEX <u>Female</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. 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. AGE (In years last birthday) <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Geo Britton</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bratcher</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Butcher Jones Mo</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Butcher Jones Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19. DATE OF OPERATION <u>4500</u>	
19a. DATE OF OPERATION <u>4500</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Walker</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Moniteau Mo</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 25 1952</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>51</u> , to <u>Jan 25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>51</u> , and that death occurred at <u>12/10</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>B. J. Bacon</u>		23b. ADDRESS <u>California</u>	
23c. DATE SIGNED <u>1/25/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington Cent</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Bonham</u>	
25. DATE REC'D BY LOCAL REG. <u>1-25-52</u>		25. REGISTRAR'S SIGNATURE <u>H.R. Pappas</u>	
25. ADDRESS <u>California</u>		25. ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed FEB 5 1952

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.