

1. PLACE OF DEATH a. COUNTY Galveston			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE New Mexico b. COUNTY Eddy County		
b. CITY OR TOWN (if outside city limits, give precinct no.) Galveston		c. LENGTH OF STAY in 1 b.	c. CITY OR TOWN (if outside city limits, give precinct no.) Artesia		d. STREET ADDRESS (if rural, give location) 301 Carper Bldg.
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION St. Mary's Infirmary			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) FRED		(a) First	(b) Middle F.	(c) Last BRAINERD	4. DATE OF DEATH April 17, 1959
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH February 17, 1892	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Minutes 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilman and Rancher		10b. KIND OF BUSINESS OR INDUSTRY Self in Oil	11. BIRTHPLACE (State or foreign country) Champaign Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Clarence V. Brainerd			14. MOTHER'S MAIDEN NAME no record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Julia Brainerd Artesia New Mexico		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myomalacia cordis					INTERVAL BETWEEN ONSET AND DEATH 5-20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Arterial occlusion (thrombosis)
DUE TO (c) Arteriosclerosis					5-20 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardiomegaly & Renal cortical scaring 3 / days					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> X NO <input 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. _____	20d. INJURY OCCURRED WHOLE AT <input type="checkbox"/> NOT WHOLE AT <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		STATE	
21. I hereby certify that I am the undersigned and that I am a duly qualified and licensed physician and surgeon in the State of Texas, and that I have personally examined the deceased and last saw the deceased on April 17, 1959 and that the death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James L. McKenna (Degree or title) J.ofP.			22b. ADDRESS County Court House		22c. DATE SIGNED 4/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE April 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodbine Cemetery	
23d. LOCATION (City, town, or county) Artesia, New Mexico			24. FUNERAL DIRECTOR'S SIGNATURE Malloy & Son James C. Crowder #4730		
25a. REGISTRAR'S FILE NO. 382	25b. DATE REC'D BY LOCAL REGISTRAR April 29, 1959		25c. REGISTRAR'S SIGNATURE William R. Rose, M.D.		