

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34267

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY LaFayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LaFayette	
b. CITY (If outside corporate limits, write RURAL and give township) Concordia		c. CITY (If outside corporate limits, write RURAL and give township) Concordia 54 OR TOWN Concordia 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 509 Gorden 0 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Elise	b. (Middle) -----	c. (Last) Brackman	4. DATE OF DEATH (Month) (Day) (Year) 10 11 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 14 1874	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 75 1 27
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10a. USUAL OCCUPATION (Give kind of work done during year immediately preceding death, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Concordia Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Claus Holsten	13b. MOTHER'S MAIDEN NAME Dorothea Kuecker	14. NAME OF HUSBAND OR WIFE Henry Brackman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Vita Brackman	ADDRESS -----
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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		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis and hypertension DUE TO (c) -----		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Oct 11, 1949**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Concordia, Missouri	23c. DATE SIGNED 10/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14 th	24c. NAME OF CEMETERY OR CREMATORY St Pauls	24d. LOCATION (City, town, or county) (State) Concordia Mo.
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DATE REC'D BY LOCAL REG. Oct. 12-1949	REGISTRAR'S SIGNATURE Clayton W. Landrum	154	25. FUNERAL DIRECTOR'S SIGNATURE Franking - Veigt Concordia Mo.	ADDRESS -----
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(Declassified Embalmers' Statement on Reverse Side)

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

RECEIVED OCT 17
District Health Officer No. 8,

District File Number.....

Date Filed 10-17-49

1949-10-14
1874-8-14
78-1-27

Wm. H. ...

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 *E. G. ...* *H. C. ...*
1959 *18 11*
Licensed Embalmer No.

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

not embalmed ...