

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17849

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		<u>0911</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>410 Grand</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>Ernst</u>		c. (Last) <u>Braschler</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>19</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4, 1877</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>3</u>	11. DAYS <u>15</u>	12. IF UNDER 1 YR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Investigator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Internal Revenue</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ernst Braschler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deick</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Estelle Braschler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I: Sp. Am. War</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Pauline Bennett</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Urinary Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>161X</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒					
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19 April</u> , 19 <u>50</u> , to <u>19 May</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>19 May</u> , 19 <u>50</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>M. A. Kozbe M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>20 May '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-19-50</u>		REGISTRAR'S SIGNATURE <u>E. O. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>			
				ADDRESS <u>Doniphan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-5-50
District Health Officer No. 8,
District File Number 6-50329
Date Filed 6-8-50

OCT 10 1951

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

Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo

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.