

FILED MAY 11 1954

5644 State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 2025 Registrar's No. 38

0540

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <span style="float: right;">0540</span>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles Southeast</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles Southeast</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles Southeast</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Brasch</u> c. (Last) <u>Brasch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1954</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>June 8, 1868</u>		9. AGE (In years last birthday) <u>85</u>		10. # UNDER 1 YEAR Days <u>10</u> # UNDER 24 HRS. Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Clara M. Gieske</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 ADDRESS <u>Rigar Brasch, Lexington, Missouri.</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			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Congestive heart failure.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		19b. MAJOR FINDINGS OF OPERATION <u>1341</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 4/24/54, 1954, to 4/25/54, 1954, that I last saw the deceased alive on 4/25/54, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H. Brascher M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>4/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	
		24d. LOCATION (City, town, or county) (State) <u>Concordia, Missouri.</u>			

DATE REC'D BY LOCAL REG. <u>56-54</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Gustafson</u>		156	
		FUNERAL DIRECTOR'S SIGNATURE <u>James H. Tempel</u>		ADDRESS <u>Lexington, Missouri.</u>	

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

*Boards*

**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 *[Signature]*

Licensed Embalmer No. 2923

P. O. Address *[Signature]*

**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.