

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31373

State File No.

FILED SEP 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>2052</u>		Registrar's No. <u>341</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>1003 East 4th</u>		08070			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1003 East 4th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Adelheide</u>		b. (Middle)		c. (Last) <u>BRAUER</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>20</u>		(Year) <u>1954</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>June 25 1869</u>	
9. AGE (in years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lake Creek Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Heimoeth</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Jeffon</u>		14. NAME OF HUSBAND OR WIFE <u>George Claus Brauer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Crumer</u>		ADDRESS <u>Sedalia</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>hypertension</u>			
				DUE TO (c) <u>Senility</u>			
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		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)		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 <u>9-12-54</u> to <u>9/20/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>54</u> , and that death occurred at <u>126</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>ST Dyer MD</u> (Degree or title)				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>9/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brauersville</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi E. Cole Camp Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-22-54</u>		REGISTRAR'S SIGNATURE <u>Livina Coontz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Accessed Embalmer's Statement on Reverse Side)

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

NO. 300
70.48

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.....
Signature of Student Embalmer

Signed..... *Tom Craig*

Licensed Embalmer No. *3105*

P. O. Address *S. S. S.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.