

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17656**

FILED JUL 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **83**

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

1. PLACE OF DEATH a. COUNTY Barry b. CITY OR TOWN Monett c. LENGTH OF STAY (in this place) 1 Wk. d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence c. CITY OR TOWN Freistatt d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0550 / Freistatt	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) WILLIAM c. (Last) BRACHT			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Rose Bud, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Bracht	
13b. MOTHER'S MAIDEN NAME Louisa Gehner		14. NAME OF HUSBAND OR WIFE Eula Morgan Bracht	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eula Bracht, Freistatt, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) DUE TO (c) 4201	
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 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 June 15, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Frank M. Bracht M.D.</i>		23b. ADDRESS Monett Mo.	23c. DATE SIGNED 6-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/25/55	24c. NAME OF CEMETERY OR CREMATORY Freistatt Church Cem.	24d. LOCATION (City, town, or county) (State) Lawrence County, Mo.
DATE REC'D BY LOCAL REG. 6-25-55	REGISTRAR'S SIGNATURE <i>Mrs. P. N. Cook</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. H. Buchanan</i>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-279

DATE REC. 7-1-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. H. Buchanan

Licensed Embalmer No. 312

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.