

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21450

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY Cass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pleasant Hill Polk Twp.)
c. LENGTH OF STAY (In this place) 3 yrs.

c. CITY OR TOWN Pleasant Hill
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: R.F.D. 2 (Polk Twp.)

e. STREET ADDRESS (If rural, give location) R.F.D. 2 (Polk Twp) 0190

3. NAME OF DECEASED
a. (First) Jacob b. (Middle) Daniel c. (Last) Braun.

4. DATE OF DEATH (Month) (Day) (Year)
July 27, 1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 17, 1871

9. AGE (In years last birthday) 84

F UNDER 1 YEAR Months Days F UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter--retired

10b. KIND OF BUSINESS OR INDUSTRY building

11. BIRTHPLACE (City and State or Foreign Country) Bellaire, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Braun

13b. MOTHER'S MAIDEN NAME Carolina Jung

14. NAME OF HUSBAND OR WIFE Mary Braun

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. 52 983 436

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. L. Lancaster Pleasant Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - prostate with metastases.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 yrs

19a. DATE OF OPERATION 1950

19b. MAJOR FINDINGS OF OPERATION Biopsy T.V.R. - as above.

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)

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 7-19, 1952, to 7-27, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. G. ... MD

23b. ADDRESS Pleasant Hill, Mo.

23c. DATE SIGNED 7-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 29, 1955

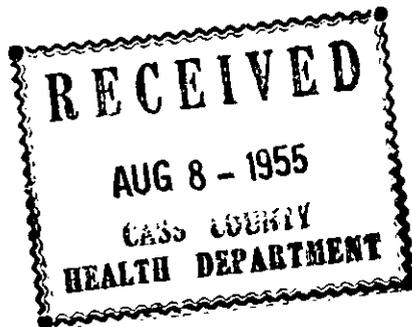
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE August 1, 1955 Dora Barman 457-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond A. Stanley Pleasant Hill, Mo.

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



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 *Allen Brumfield*

Licensed Embalmer No. *378*

P. O. Address *Summit St.*

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.