

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21392

FILED JUL 12 1956

State File No. _____

BIRTH NO. 40113-56 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4397 Registrar's No. 27

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cooter</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Steele</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>Rt 1</u> | |

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|--|-----------------------------|--|---|--|--------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Braun Jr.</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-56</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Cal</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>7-1-56</u> | 9. AGE (In years last birthday) <u>0</u> | 10. MONTH <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooter Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Jessie H Braun</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertine Walker</u> | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Braun</u> ADDRESS <u>Steele St</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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature</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) <u>Steele Pemiscot Mo</u> |
| 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? <u>776x</u> |

22. I hereby certify that I attended the deceased from 7-1- 1956, to 7-1- 1956, that I last saw the deceased alive on 7-1- 1956, and that death occurred at 6 A m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>H. Hefman M.D.</u> | 23b. ADDRESS <u>Steele Mo</u> | 23c. DATE SIGNED <u>7-5-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-1-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Waldman</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Cooter Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Peterson</u> | ADDRESS <u>None</u> |
| DATE REC'D BY LOCAL REG. <u>7-7-56</u> | REGISTRAR'S SIGNATURE _____ | |

(Licensed Embalmer's Statement on Reverse Side)

7-170-856

JUL 11 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....

Not Embalmed
.....
working under my personal supervision.

Student Embalmer No.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.