

LAHVE
S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33078**

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 135

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

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) Butler | | c. CITY (If outside corporate limits, write RURAL and give township) Butler | |
| c. LENGTH OF STAY (In this place) 33 yrs | | d. STREET ADDRESS (If rural, give location) 305 S. Mechanic St | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital | | | |
| 3. NAME OF DECEASED a. (First) Lena b. (Middle) Brauner c. (Last) Brauner | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1956 |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH June 13-1877 |
| 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker | 11. BIRTHPLACE (State or foreign country) Bates Co Mo. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME August W Brauner | | 13b. MOTHER'S MAIDEN NAME Maria Staudleman | 14. NAME OF HUSBAND OR WIFE single |
| 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 Nellie Dalton-Butler Mo. ADDRESS |
| 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. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left side heart failure | | | 4 days |
| DUE TO (c) lobar pneumonia | | | 5 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis | | | 15 yrs |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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 Oct 6 1956 , to Oct 11 1956 , that I last saw the deceased alive on Oct 11 1956 , and that death occurred at 8:10 AM , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE D. S. Lattner, M.D. (Degree or title) | | 23b. ADDRESS Butler Missouri | 23c. DATE SIGNED Oct. 14. 56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10/14/56 | 24c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery | 24d. LOCATION (City, town, or county) (State) Butler Missouri |
| DATE REC'D BY LOCAL REG. Oct. 14-56 | | REGISTRAR'S SIGNATURE Randall Kurray | 25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood-Butler Missouri ADDRESS |

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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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.