

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34442

State File No. ....

FILED NOV 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>45 years</u>	c. CITY OR TOWN <u>Joplin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		STREET ADDRESS (If rural, give location) <u>522 N. Joplin St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u>	b. (Middle)	c. (Last) <u>Brautigam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-25-1866</u>	9. AGE (In years last birthday) <u>90.</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hoboken, New Jersey</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Gustava A. Brautigam</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; if unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gustava A. Brautigam</u>	ADDRESS <u>522 No. Joplin Joplin Mo.</u>
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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) <u>Broncho-pneumonia, right</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	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. <u>Coronary arteriosclerosis and inter-trochanteric fracture of left hip</u>		<u>fracture 9-24-56</u>

19a. DATE OF OPERATION <u>9-28-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inter-trochanteric fracture of left hip.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 9-24, 1956, to 10-15, 1956, that I last saw the deceased alive on 10-15, 1956, and that death occurred at 12:5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Burleigh E. DeTor, M.D.</u> (Degree or title)	23b. ADDRESS <u>410 Jackson, Joplin, Missouri</u>	23c. DATE SIGNED <u>10/23/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>10-23-56</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nope Merriam Thornhill-Dillon</u>	ADDRESS <u>Joplin Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

526

Jasper Co. Health Office  
County File Number 5-6-10-237  
Date Filed OCT 31 1956

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..... *David E. Dellow*

Licensed Embalmer No. 389

P. O. Address..... *Joplin, Mo.*

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.