

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18144

State File No.

FILED JUN 5 1957

BIRTH NO. 61846-56 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 25

0790

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | |
| b. CITY OR TOWN <u>Rural Brazeau Twp.</u> c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>Rural Brazeau Twp.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelyn</u> b. (Middle) c. (Last) <u>Braeuner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1957</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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| 13a. FATHER'S NAME <u>Martin Braeuner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mildred Detjen</u> | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martin Braeuner Wittenberg, Mo. Rtl</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchus-Terminale</u> | | DUE TO (b) <u>Acute Gastro-Enteritis</u> | | <u>7 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | <u>4 days</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
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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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from March 25, 1957, to March 27, 1957, that I last saw the deceased alive on March 25, 1957, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Theodore Fischer</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Wittenberg Mo</u> | | 23c. DATE SIGNED <u>3/27/57</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 28, 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wittenberg, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>3-29-57</u> | | REGISTRAR'S SIGNATURE <u>Joel J. Goellner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed *Wallace Young*.....

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.