

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024516

STATE FILE NUMBER

44 874-52
FILED AUG 6 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 77

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Golden City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Hosp.		Length of stay in lb 10 hrs.	d. STREET ADDRESS R. 2 2 mil. S. Golden City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) LYLE WAYNE BRAUBURGER			4. DATE OF DEATH Month Day Year July 29, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 28, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 9 4 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Lamar, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Willard Brauburger		
13b. MOTHER'S MAIDEN NAME Thelma Sullivan			14. NAME OF HUSBAND OR WIFE none		
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. ----		17. INFORMANT Address Willard Braugurger, Golden City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity					INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Born 10 + weeks early.					
DUE TO (c) due date Oct 11, 1958					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 776X		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 29 58 to July 29 58 and last saw him alive on July 29, 1958 Death occurred at 2 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John T. Buckel, MD			22b. ADDRESS Lamar, Mo.		22c. DATE SIGNED 7/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Moorehead Cemetery		23d. LOCATION (City, town, or county) (State) Barton Co., Mo.
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.			25. DATE RECD. BY LOCAL REG. JUL 29 58		26. REGISTRAR'S SIGNATURE Marie Korantz

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, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. H. Pugh

Licensed Embalmer No. 3278
P. O. Address Golden City, 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.