

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031690

STATE FILE NUMBER

FILED SEP 19 1958

Registration District No. 27 Primary Registration District No. 5090 Registor's No. 120

Health,
& Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rockville sup.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rockville Mo.</u>		0070 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none.</u>			Length of stay in 1b <u>64 yr.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Claus Bracher</u>				4. DATE OF DEATH Month Day Year <u>Aug. 25 - 58</u>								
5. SEX <u>m.</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 27 - 1869</u>		9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>11 28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) <u>Perry Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Frankott Bracher</u>					14. MOTHER'S MARDEN NAME <u>Katherine Stueve</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Rockville Mo.</u> <u>Richard Bracher</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____		
										DUE TO (c) _____		
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.)									
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.												
20d. INJURY OCCURRED WHILE AT WORK <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 <u>seen only after death</u> and last saw <u>no</u> him alive on _____ Death occurred at <u>6:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>[Signature]</u> (Degree or title)					22b. ADDRESS <u>Appleton City</u>				22c. DATE SIGNED <u>26 Aug 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)					
<u>BURIAL</u>		<u>8-27-58</u>		<u>Brairie City</u>			<u>Brairie City Mo.</u>					
24. FUNERAL DIRECTOR <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City</u>				25. DATE RECD. BY LOCAL REG. <u>Aug. 26 - 1958</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>						

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..... Oscar E. Kelly

Licensed Embalmer No. 39

P. O. Address Oyster Bay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.