

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040452

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 226

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rt 1 - Joplin <del>Jasp.</del></b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rt 1 Joplin, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prosperity Comm.</b>		Length of stay in lb <b>54 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Prosperity Community</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Brauer</b> Last <b>Brauer</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 25, 1878</b>	9. AGE (In years last birthday) <b>80</b>	F UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hoisterman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>Parkersburg, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Heye Brauer</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Gertes</b>		14. NAME OF HUSBAND OR WIFE <b>Dell Brauer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Dell Brauer Rt 1 Joplin Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Prostate</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Appx. 2yrs.</b>
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.) <b>177X</b>				
20c. TIME OF INJURY Hour <b>8 A.M.</b> Month, Day, Year <b>Nov. 29/58</b> 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 <b>Carterville, Mo.</b>	COUNTY <b>Cam.</b>	STATE	
21. I attended the deceased from <b>3-11-57</b> to <b>11-28-58</b> and last saw her/him alive on <b>11-28-58</b> Death occurred at <b>8 A.M. Nov. 29/58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. James Flaherty M.D.</b>			22b. ADDRESS <b>Carterville Mo.</b>		22c. DATE SIGNED <b>12/6/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carterville, Cam.</b>	23d. LOCATION (City, town, or county) (State) <b>Carterville, Mo.</b>		
24. FUNERAL DIRECTOR <b>Johnston-Arnce-Simpson Mortuary</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A diseases in Part I must be causally related.

74  
0

**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 Harvey E. Lane

Licensed Embalmer No. 4463

P. O. Address W. M. City

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.