

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040570

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 172

Primary Registration District No. 4273

Registrar's No. 78

1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 MAIN ST.			Length of stay in lb 88 yrs		d. STREET ADDRESS (If outside, give location) 401 MAIN ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last EMILIE C BRACKMAN				4. DATE OF DEATH Month Day Year Nov 13 1958					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 25, 1970		9. AGE (In years) 1 year 1 month 1 day 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) LAFAYETTE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME DIETRICH OETTING			13b. MOTHER'S MAIDEN NAME DOROTHEA EHLETS			14. NAME OF HUSBAND OR WIFE WILLIAM A. BRACKMAN <i>DECEASED</i>			
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. No		17. INFORMANT ELMER D. BRACKMAN Address CONCORDIA, 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) Terminal uremia							INTERVAL BETWEEN ONSET AND DEATH 36 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Congestive heart failure		DUE TO (c) Hypertensive cardiovascular disease		3 wks		Several years	
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.) 443X						
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 Aug 1948 to Nov 13, 1958 and last saw her alive on Nov 9, 1958 Death occurred at 3:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS Concordia Mo		22c. DATE SIGNED 11/13/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S		23d. LOCATION (City, town, or county) CONCORDIA		STATE MO		
24. FUNERAL DIRECTOR E. S. [Signature] ADDRESS Concordia, Mo				25. DATE RECD. BY LOCAL REG. Nov. 15, 1958		26. REGISTRAR'S SIGNATURE Lutie Gordon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be stated.

300
1-57

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

Student
Signature of Student Embalmer

Signed E. J. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia, 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.