

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046940

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 347 Primary Registration District No. 6172 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <i>Stone</i>		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Stone Co</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Washington</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Rural Salem</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>mo</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>James (pete)</i> Middle <i>W</i> Last <i>Braun</i>		4. DATE OF DEATH Month <i>Dec</i> Day <i>9</i> Year <i>1958</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 9 - 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>79</i> IF UNDER 1 YEAR Months <i>4</i> Days <i>0</i> IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>
11a. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Al Braun</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth</i>	
14. NAME OF HUSBAND OR WIFE <i>Effie Braun (Dead)</i>		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. <i>-</i>		17. INFORMANT <i>Effie Braun - Salem R-1</i> Address <i>-</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>-</i> DUE TO (c) <i>-</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Noted</i>
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 <i>4</i> a.m. <i>Dec 9 58</i> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>4</i> to <i>8</i> and last saw her alive on <i>4</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James W. Braun</i>		22b. ADDRESS <i>Salem Mo</i>	
22c. DATE SIGNED <i>13 Dec 1958</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>Dec 10 - 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Salem Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Salem Mo.</i>		23e. STATE <i>Mo.</i>	
24. FUNERAL DIRECTOR <i>Emmett J. Cheatham</i>		25. DATE REC'D. BY LOCAL REG. <i>Dec. 16 - 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. J. Elmer Broesevan</i>		27. ADDRESS <i>Salem Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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J.H. Young, Coroner

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 .....

*Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address Galena, 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.