

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010061
STATE FILE NUMBER

LEU MAR 30 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 32

570
300
1-57

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp. 10 Min			Length of stay in lb 10		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Larry Middle Joseph Last Braungardt				4. DATE OF DEATH Month March Day 22 Year 1959						
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 March 22, 1959		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min 10 IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jack Braungardt				13b. MOTHER'S MAIDEN NAME June K. Dickherber		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 Hilary Dickherber, Wentzville, Mo. R. 2					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEONATAL Asphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pre-maturity DUE TO (c) 7625							INTERVAL BETWEEN ONSET AND DEATH 10 MIN.			
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 11:15 Month, Day, Year 3-22-59 a.m. PM 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 Wentzville, Mo		COUNTY Mo.		STATE Mo.		
21. I attended the deceased from 3-22-59 to 3-22-59 and last saw ^{her} him alive on 11:15 PM Death occurred at 11:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE W S Bergesen DO 2 (Degree or title)				22b. ADDRESS Wentzville, Mo			22c. DATE SIGNED 3/23/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 24, 59		23c. NAME OF CEMETERY OR CREMATORY St. Theodore Cemetery		23d. LOCATION (City, town, or county) (State) Flint Hill, Missouri				
24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo.				25. DATE RECD. BY LOCAL REG. 3-24-1959		26. REGISTRAR'S SIGNATURE Charlotte Leek				

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address... *Deerfield*

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.