Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-012878
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN New Haven (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN New Haven 0360 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Anna Middle: Last: Brune

4. DATE OF DEATH Month Day Year: Apr. 21, 1959

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Oct. 27, 1860
9. AGE (In years on last birthday): 98 IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Making
11. BIRTHPLACE (City and state or country): New Haven Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Louis Schroeder
13b. MOTHER'S MAIDEN NAME: Charlotte Breckenkamp
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Clara Kloppe Address: New Haven Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2/22/49, to 4/21/59 and last saw her alive on 4/20/59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. P. Eisemann (Degree or title) M. D.
22b. ADDRESS New Haven, Mo.
22c. DATE SIGNED 4/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-24-1959
23c. NAME OF CEMETERY OR CREMATORY: Beouf Luth. Cem.
23d. LOCATION (City, town, or county) (State): New Haven Mo.

24. FUNERAL DIRECTOR: L. C. Fertig & Son ADDRESS: New Haven Mo.
25. DATE RECD. BY LOCAL REG.: April 24-1959
26. REGISTRAR'S SIGNATURE: Nettie Murphy
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....