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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014342
STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 273 Primary Registration District No. Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Brazeau TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wittenberg — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Perry
c. CITY OR TOWN: Wittenberg 0790 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Brazeau TWP — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: G. Middle: Herman Last: A Braeuner

4. DATE OF DEATH: Month: Apr Day: 3 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Feb 7, 1872

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Wittenberg, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Herman Braeuner

13b. MOTHER'S MAIDEN NAME: Caroline Winters

14. NAME OF HUSBAND OR WIFE: Elizabeth Leine

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: Martin Braeuner Address: Wittenberg, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years plus
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 422

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 March 26, 1955 to April 3, 1959 and last saw ~~her~~ him alive on March 31st, 1959
Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Theodore Fischer (Degree or title) M.D. 0

22b. ADDRESS Altenburg, Mo

22c. DATE SIGNED 4-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-6-59

23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

23d. LOCATION (City, town, or county): Wittenberg (State): Missouri

24. FUNERAL DIRECTOR Young & Sons Perryville — **ADDRESS**

25. DATE RECD. BY LOCAL REG.: 4-6-59

26. REGISTRAR'S SIGNATURE Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsylvania

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.