

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035815

FILED VS SEP 21 1960

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4456 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		Length of stay in 1b <u>8 years.</u>		c. CITY OR TOWN <u>Doniphan.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>405 Pine Street,</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>405 Pine Street,</u>			
3. NAME OF DECEASED (Type or print) First <u>Peter.</u> Middle <u>Daniel</u> Last <u>Braschler.</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>5.</u> Year <u>1960.</u>					
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>white.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 26, 1882.</u>			
				9. AGE (last birthday) <u>78.</u>		IF UNDER 1 YEAR Months _____ Days _____			
						IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and state or country) <u>Crawford Co., Indiana.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>Ernest Braschler.</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Diech.</u>			14. NAME OF HUSBAND OR WIFE <u>Vina Braschler.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT Address <u>Chester Braschler, Doniphan, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							<u>6 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> <u>4 yrs</u>		
							DUE TO (c) <u>Arterio Sclerosis Generalized</u> <u>6 yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostectomy</u> <u>1959</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
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 <u>Sept 5 1960</u> to <u>Sept 5 1960</u> and last saw <sup>her</sup> him alive on <u>Sept 5 1960</u> Death occurred at <u>9.30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Date of issue) <u>R.F.Boone.MD</u> <u>RF Boone M.D.</u>				22b. ADDRESS <u>903 Elm Doniphan Mo</u>				22c. DATE SIGNED <u>9-7-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>Sept. 8, 1960.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery.</u>		23d. LOCATION (City, town, or county) <u>Doniphan Missouri.</u>			
24. FUNERAL DIRECTOR <u>Ray Meems.</u>				ADDRESS <u>Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.