

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022246

STATE FILE NUMBER

AMENDED

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 43

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM 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 lb <u>15 yrs.</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>306 Cherry.</u>				d. STREET ADDRESS (If outside, give location) <u>306 Cherry.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>William</u> Last <u>Braschler</u>				4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1961.</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>Sept. 29, 1880.</u>	
9. AGE (last birthday) <u>80.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Merchant.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture & Mercantile.</u>		11. BIRTHPLACE (City and state or country) <u>English, Indiana.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ernest D. Braschler.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deich.</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel 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>489-38-6602.</u>		17. INFORMANT <u>Delwig Braschler, Poplin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis.</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u> <u>10 years.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ca of Prostate.</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>June 1959</u> to <u>June 3, 1961</u> and last saw her/him alive on <u>6/3/61</u> Death occurred at <u>5:30</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank C. Johnson M.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>		22c. DATE SIGNED <u>6/6/61.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>June 5, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Ray Meemar, Doniphan, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-21-61</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1961

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 Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.