MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 5304 Registrar's No. 260

62-022369
STATE FILE NUMBER

FILED JUL 13 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage Township — Length of stay in lb
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route # 4 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LAWRENCE Middle PAUL Last BRAUN
4. DATE OF DEATH: Month July Day 4, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-28-1955
9. AGE (last birthday): 7 — IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student -- Osage Bend School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Richard Braun
13b. MOTHER'S MAIDEN NAME: Betty Moeller
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Richard Braun, Address: Route # 4, J.C., Mo.

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): Electricated — INTERVAL BETWEEN ONSET AND DEATH: 20 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject was climbing over electrical fence. The mother found him hanging from fence + unconscious. Mother carried subject to the house - he was still breathing. He was apparently executed by electrical wiring and pronounced dead by Dept. Sheriff Leonard
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.): Farm Home
20f. CITY, TOWN, OR LOCATION: R. H. Jefferson City Mo. — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin J. Leonard Dept. Sheriff
22b. ADDRESS: Box 426 Jeff. City Mo.
22c. DATE SIGNED: 7-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1962
23c. NAME OF CEMETERY OR CREMATORY: Parish Cemetery
23d. LOCATION (City, town, or county) (State): Osage Bend, Missouri

24. FUNERAL DIRECTOR: Victor Buescher — ADDRESS: JCMo
25. DATE RECD. BY LOCAL REG.: 5 July 1962
26. REGISTRAR'S SIGNATURE: R.P. Harris MD N. Richter Dep

(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_____ Signed Victor Buescher

Signature of Student Embalmer.

Licensed Embalmer No. 3701

P. O. Address JCMO

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.