

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034309

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 95

FILED SEP 28 1962

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roark Twp.</u> Length of stay in 1b <u>75 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 Miles South East of Hermann, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY OR TOWN <u>Hermann</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>9 Miles S. E. of Hermann</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>CHRISTIAN</u> Last <u>BRAUTIGAM</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>17,</u> Year <u>1962</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</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>10-19-1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	IF UNDER 24 HR Hours <u>17</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Hermann, Mo. RFD</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Wm. Brautigam</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Rohlfing</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Meta Brautigam</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>-----</u>		17. INFORMANT <u>Mrs. Meta Brautigam-R#2 Hermann, Mo.</u> Address <u>-----</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Nephritis (Arteriosclerotic)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Diabetes Mellitus</u> <u>10 yrs.</u>	
DUE TO (c) <u>Cerebral Hemorrhage (Hemiplegia)</u>					<u>5 yrs.</u>	
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. <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 _____ Month, Day, Year _____ a.m. _____ p.m.		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>March 29, 1955</u> to <u>Sept. 17, 1962</u> and last saw him alive on <u>Sept. 16, 1962</u> Death occurred at <u>12:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>[Signature] D.O.</u>			22b. ADDRESS <u>New Haven, Missouri</u>		22c. DATE SIGNED <u>9/18/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-19, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Church Cemetery</u>		23d. LOCATION (City, town, or county) <u>Berger RFD</u> (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Herman Blumer, Inc. Hermann, Mo.</u> ADDRESS <u>-----</u>			25. DATE RECD. BY LOCAL REG. <u>9-18-62</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 VS 300 Rev. 4/59
 1 0370
 2 0370
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 26 0X
 10
 11
 12 90-2
 13 1-0
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 16 1962

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 *Robert W. Blume*

Licensed Embalmer No. 5055

P. O. Address Armon, 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.