

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048038

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301
Primary Registration District No. 79
Registrator's No. 79

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0910

2 0910

3

4 0

5 1

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7 1

8 2

9 1992

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11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	
Length of stay in lb <u>1 day</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Route #3</u>	
Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First <u>Johnnie</u> Middle <u>Braschler</u> Last <u></u>		4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7/8/1884</u>
9. AGE (last birthday) <u>78</u>		10. BIRTHPLACE (City and state or country) <u>Crawford Co. Ind.</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		12b. KIND OF BUSINESS OR INDUSTRY <u></u>	
13a. FATHER'S NAME <u>Ernst Braschler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Deich</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie 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></u>	
17. INFORMANT <u>Minnie Braschler</u>		Address <u>Doniphan, 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>Intra abdominal Hemorrhage</u> DUE TO (b) <u>Intra abdominal Carcinomatosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>			
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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
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 <u></u> STATE <u></u>
21. I attended the deceased from <u>1960</u> to <u>12-11-62</u> and last saw her alive on <u>12-11-62</u> Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Low R Burcham Jr. M.D.</u>		22b. ADDRESS <u>Doniphan Mo</u>	22c. DATE SIGNED <u>12-14-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/13/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pratt Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home, Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-13-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 JACK L. CUNNINGHAM, Student Embalmer No. 676
working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed Gene St. Harrent

Licensed Embalmer No. 4809
P. O. Address Naylor, 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.