

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019650

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 22

FILED JUN 11 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 0370				
2 0370				
3				
4 1				
5 1				
6				
7 0				
8 2				
9 999.2				
10				
11				
12 90-2				
13 1-0				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark Township		c. CITY OR TOWN Roark Townshp	
Length of stay in 1b 26 years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 mi SW of Hermann		d. STREET ADDRESS (If outside, give location) 8 Mi SW of Hermann	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ella Middle Clara Last Brautigam			4. DATE OF DEATH Month June Day 4 Year 1963
5. SEX Female	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House	11. BIRTHPLACE (City and state or country) Hermann, Mo.
13a. FATHER'S NAME Fritz Doll		13b. MOTHER'S MAIDEN NAME Clara Krattly	14. NAME OF HUSBAND OR WIFE Wm. L. Brautigam
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. Wm. L. Brautigam Hermann RFD. Mo.	
17. INFORMANT Address		12. CITIZEN OF WHAT COUNTRY US	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 10 MIN.
DUE TO (b) CIRCULATORY FAILURE			8-10 HRS
DUE TO (c) DESSEMINATED CARCINOMATOSIS			2 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RENAL FAILURE			PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 JAN. 1963 to JUNE 4, 1963 and last saw ^{her} alive on JUNE 4, 1963 Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul H. Rose D.D. (Degree and title)		22b. ADDRESS 104 E. 3rd Hermann, Mo.	22c. DATE SIGNED 6-5-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/7/63	23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	23d. LOCATION (City, town, or county) Swiss, Missouri (State)
24. FUNERAL DIRECTOR ADDRESS Herman Blumer Inc Hermann, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-63	26. REGISTRAR'S SIGNATURE Delma Uffelmann

USE BLACK INK OR TYPEWRITER RIBBON

THE
ARCHIVE SOCIETY

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 Oswald Groves

Licensed Embalmer No. 5187

P. O. Address German, 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.