

FILED DEC 24 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

## CERTIFICATE OF DEATH

124

68-048906

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 284DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. **FAYETTE M. BRAUNINGER** Female December 19, 1968RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEAR) MONTHS DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH  
4. **White** 5a. **74** 5b. **74** 5c. **Feb. 10, 1894** 7a. **Henry**CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
7b. **Clinton** 7c. **Yes** 7d. **Wetzel Hospital**STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)  
8. **Missouri** 9. **USA** 10. **Married** 11. **Otto W. Brauninger**SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED) KIND OF BUSINESS OR INDUSTRY  
12. **499-40-4417** 13a. **Teacher** 13b. **School**RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER  
14. **Missouri** 14b. **Henry** 14c. **Clinton** 14d. **No** 14e. **RFD # 4**FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
15. **John Strader** 16. **Lillian Neidig**INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
17a. **Otto W. Brauninger** 17b. **RFD # 4, Clinton, Missouri 64735**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE  
(a) **medullary infarct** **minutes**  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) **myocardial infarction** **4-hrs.**  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) **Coronary artery disease** **5-year**  
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LASTPART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
**Debris in trachea** 19a. **No** 19b.ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)  
20a. **NY** 20b. **NY** 20c. **NY** 20d.INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)  
20a. **NY** 20b. **NY** 20c. **NY** 20d.CERTIFICATION—PHYSICIAN: MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
21a. I ATTENDED THE DECEASED FROM **4/20/68** TO **12/19/68** 21c. **12 19 68** 21d. **9:00** 21e. **9:00**CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.  
22a. **James C. Clouse** 22b. **James C. Clouse** 22c. **12/19/68** 22d. **12/20/68**CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)  
23a. **James C. Clouse** 23b. **James C. Clouse** 23c. **12/20/68**MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP  
23d. **105 E. Ohio Clinton Mo. 64735**BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN, STATE  
24a. **Burial** 24b. **Salem Cemetery** 24c. **Jackson County, Missouri**DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
24a. **Dec 22, 1968** 24b. **Consalus, 209 S. Second St. Clinton, Mo. 64735**FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR  
25a. **E. R. Consalus** 25b. **Mildred Bigum** 25c. **Dec. 20, 1968**Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

8961 JAN 2 1968

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 Eugene R. Consalve

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit obtained 12-20-68