

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

18466 0023676
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 18466

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY OR TOWN RFD 5, Clinton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) RES 5, Clinton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ELLA HOPPE BRAUN			4. DATE OF DEATH Month Day Year June 28, 1966	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/83	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Henry Co. Missouri
13a. FATHER'S NAME August Hoppe		13b. MOTHER'S MAIDEN NAME Christine Wieland		14. NAME OF HUSBAND OR WIFE Ben Braun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ben Braun, Clinton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Non Natural Causes - Accident. DUE TO (b) Crush Injury Rt. Chest DUE TO (c) Probable Skull Fracture 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				INTERVAL BETWEEN ONSET AND DEATH 30 min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car-Truck Accident		
20c. TIME OF INJURY Hour a.m. Month, Day, Year 11 6-28-66		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rock Company Road		20f. CITY, TOWN, OR LOCATION Williams Rock Company Rd.		COUNTY Henry
21. I attended the deceased from UNATTENDED to _____ and last saw her him alive on _____ Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Richard N. King M.D.		22b. ADDRESS 1065. 34 Clinton Mo.		22c. DATE SIGNED 6-29-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1966		23c. NAME OF CEMETERY OR CREMATORY Englewood
24. FUNERAL DIRECTOR Consalus, Clinton, Missouri		25. DATE RECD. BY LOCAL REG. June 29, 66		26. REGISTRAR'S SIGNATURE Mildred Bigam

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1966
JUL 28 1966
JUL 14 1967
SEP 9 1966

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. Consalon

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 6-29-66 (MB)