

No. 300  
10-48

FILED APR 7 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 7949

BIRTH NO. REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> <u>3</u> <u>Salon</u> <sup>9<sup>th</sup> W.</sup>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Senath, Rural</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath Rural</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>But</u> b. (Middle) <u>Braun</u> c. (Last) <u>Braun</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1949</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 21, 1906</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>42</u> <u>7</u> <u>6</u>
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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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Hammersville, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Wmfred W. Braun</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Braun</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs But Braun</u> ADDRESS <u>Senath</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>(a) Aortic Aneurysm (RUPTURED)</u>		<u>was shown of about 8 weeks before</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>227</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SALEM DUNKLIN MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 to 3-27, 1949, that I last saw the deceased alive on 3-26, 1949, and that death occurred at 12:58 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy G. Speidel</u> (Degree or title)	23b. ADDRESS <u>Senath, Mo.</u>	23c. DATE SIGNED <u>3-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath County</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-2-49</u>	REGISTRAR'S SIGNATURE <u>Mrs J. H. Lamer</u> <u>910</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Bradford</u> ADDRESS <u>Senath, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Office No. 2.  
District File Number 249-459  
Date Filed 4-6-49

OCT. 019504

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4466

P. O. Address Levitt, 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 this body is not embalmed, fact should be so stated above.