

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

1923

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 5817 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Mill Creek</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Mill Creek</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles. South, Syracuse</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles. South, Syracuse</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>J</u> c. (Last) <u>Brauer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 2, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>December 31, 1875</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Florence Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Dr. Reuben A. Cline</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Simmons</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Brauer (Deceased)</u>
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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>None</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Emmitt Brauer (Son) Syracuse, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease 10 years</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Generalized Arteriosclerosis</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 1950, to Jan 2, 1951, that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 9:40 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Kaufman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Verailles Mo</u>	23c. DATE SIGNED <u>Jan 4, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/4/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florence, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-12-51</u>	REGISTRAR'S SIGNATURE <u>Myrta Hotsenpeltter</u>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. E. Richards Tinton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0710

RECEIVED 1-16-51

DISTRICT HEALTH OFFICE No. 3

File Number \_\_\_\_\_

1-16-51

JAN 25 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Jesse E. Richards  
Licensed Embalmer No. 2466

P. O. Address Lipton, 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.