

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28207

FILED SEP 9 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 16

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Township</u> | |
| c. LENGTH OF STAY (in this place) <u>31 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Campbell R. 3</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Campbell R. 3</u> | | e. FULL NAME OF DECEASED (Type or Print) <u>LUCY BRAEUR</u> | |

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>LUCY BRAEUR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 30 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 22, 1895</u> | | 9. AGE (In years last birthday) <u>57</u> |
| 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13. FATHER'S NAME <u>Henry Thiele</u> | | |

| | | | |
|--|--|---|--|
| 13b. MOTHER'S MAIDEN NAME <u>Frances Arnesen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Garrett Braeur</u> | |
| 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 OR NAME <u>Garrett Braeur, Campbell, Mo. R. 3</u> | | | |

| | | | | | |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION <u>Suicide by hanging</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | ANTECEDENT CAUSES | | DUE TO (b) _____ | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | | DUE TO (c) _____ | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |

| | | | | | |
|--|--|--|--|---|--|
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Twp. Dunklin Mo.</u> | |
| 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? _____ | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

| | | | | | |
|---|--|----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <u>Quinton Turner</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>Kennett, Mo.</u> | | 23c. DATE SIGNED <u>9/2/53</u> | |
|---|--|----------------------------------|--|--------------------------------|--|

| | | | | | |
|---|--|--------------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 2, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY? <u>Sacred Heart Cemetery, Wilhelmina, Missouri</u> | |
|---|--|--------------------------------|--|--|--|

| | | | | | |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>9-3-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Paulah Campbell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u> | |
|--|--|---|--|---|--|

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-8-53

COUNTY FILE NUMBER 953-21

SEP 5 1957

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

E. W. Sanders

Licensed Embalmer No. 22189

P. O. Address Cumferey, W.

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.