

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40140

State File No.

FILED DEC 27 1954

BIRTH NO. 855955A REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1317

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

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>9 HRS 45 min</u>	c. CITY OR TOWN <u>ST. JOSEPH</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1518 BEATTIE ST.</u>	

3. NAME OF DECEASED a. (First) <u>CHERIE</u> b. (Middle) <u>LYNN</u> c. (Last) <u>BRAMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 19, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>	
8. DATE OF BIRTH <u>DEC. 19, 1954</u>		9. AGE (In years last birthday) <u>9</u> Months <u>45</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. JOSEPH, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>CHARLES ELMER BRAMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LORNA DARLENE SCHUCH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 OR NAME <u>Charles E. BRAMAN, 1518 Beattie St., City</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITAL CARDIAC DEFICIENCY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 3/4 HOURS</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.</u>					
		DUE TO (c) <u>PREMATURE RUPTURE OF PLACENTA OF MOTHER BEFORE LABOR ONSET</u>				<u>ABOUT 30 HOURS</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 DEC. 19, 1954, to DEC. 19, 1954, that I last saw the deceased alive on DEC 19, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Gross</u>		23b. ADDRESS (Degree or title) <u>200 N. St. Joseph, 48, Mo.</u>		23c. DATE SIGNED <u>Dec 19, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Shirley Kupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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APR 18 1955
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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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *John E. Rupp*,
Licensed Embalmer No. 396
P. O. Address *St. Joe, Ind.*

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.