

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1749**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>607 Collier St. 06440</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>607 Collier St./</b>			

3. NAME OF DECEASED (Type or Print) <b>ROSIE BRAUN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 21, 1894</b>		9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wanted for own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls county, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>James A. VanNoy</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Embly Holloway</b>		14. NAME OF HUSBAND OR WIFE <b>David J. Braun</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-28-9201 NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marley Franklin, Hannibal, Mo.</b>	

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) <b>Coronary Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>Myocardium</b>			
		II. OTHER SIGNIFICANT CONDITIONS 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)		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)		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 **Jan 8**, 19**55**, to **Jan 17**, 19**55**, that I last saw the deceased alive on **Jan 17**, 19**55**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Canilla MD</b> (Degree or title)		23b. ADDRESS <b>707 Parkway</b>		23c. DATE SIGNED <b>1/31/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/31/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Center, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-31-55</b>		REGISTRAR'S SIGNATURE <b>Dr. Canilla MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jack Schumert - Hannibal, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 4 1955

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 *Jack Schwartz*.....  
Licensed Embalmer No. *2590*

P. O. Address *Honolulu*.....

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.