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FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37430

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 344

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Jefferson Township
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#1 Jefferson Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Jefferson Township
d. STREET ADDRESS (If rural, give location): R#1 Jefferson Township

3. NAME OF DECEASED (Type or Print)
a. (First): ~~JOHN~~ Julius
b. (Middle):
c. (Last): BRAUNER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 15, 1876
9. AGE (In years last birthday): 80 — If under 1 year: Months 5 Days 8 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Brauner
13b. MOTHER'S MAIDEN NAME: Philomenia Baker
14. NAME OF HUSBAND OR WIFE: Philomenia Klenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Mr. Julius Brauner — **ADDRESS**: J.C.mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Haemorrhage — Interval between onset and death: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio Vascular Disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

Corrected by Coroner

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
443x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1956, *to* 11-24, 1956, *that I last saw the deceased alive on* 11-23, 1956, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. Vlebla M.D.
23b. ADDRESS: 712 W. High Jefferson City Mo
23c. DATE SIGNED: 11-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/26/56
24c. NAME OF CEMETERY OR CREMATORY: Resurrection
24d. LOCATION (City, town, or county) (State): Jefferson City Mo.

DATE REC'D BY LOCAL REG.: 28 Nov 1956
REGISTRAR'S SIGNATURE: R. C. Doerr MD-NR
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Duke
ADDRESS: J.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1958

MAR 17 1958

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.

Signed James E. Eymard

Signed.....
Student Embalmer

Licensed Embalmer No. 4978

P. O. Address Jeff City mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.