

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043597

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 360

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Jefferson City		c. CITY OR TOWN Jefferson City, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still		d. STREET ADDRESS Rt 2 near Brazito	
3. NAME OF DECEASED (Type or print) Peter Bratschi		4. DATE OF DEATH Month Day Year December 16, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Farmer-Blacksmith	11. BIRTHPLACE (City and state or country) Cole County, Mo.
13a. FATHER'S NAME Fred Bratschi		13b. MOTHER'S MAIDEN NAME Mary Beck	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-40-0397	17. INFORMANT Address Clarence Loesch, Lohman, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis			48 hours
DUE TO (c) Diabetic Coma			24 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8:45 P. M. 14 December 58 to 16 December and last saw him alive on 16 December 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. M. Schubert (Degree or title) D. O. 2		22b. ADDRESS Russellville, Mo.	22c. DATE SIGNED 12-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Evangelical and Reformed	23d. LOCATION (City, town, or county) (State) Cole County Mo
24. FUNERAL DIRECTOR Hugo H. Schubert		25. DATE RECD. BY LOCAL REG. 20 December 1958	26. REGISTRAR'S SIGNATURE R. P. Dorris, M.D., M.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Hugo N. Schubert*

Licensed Embalmer No. *2820*

P. O. Address *Russellville*

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.