

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017153

FILED MAY 25 1959

Registration District No. 77

Primary Registration District No. 5303

STATE FILE NUMBER

Registrar's No. 755

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) Jefferson City, Mo.		c. CITY OR TOWN Jefferson City, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) R R # 3 Jefferson Township		d. STREET ADDRESS R # 3 Jefferson City	
3. NAME OF DECEASED (Type or print) CLARENCE		4. DATE OF DEATH Month MAY Day 21 Year 1959	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH May 21, 1905	
3. WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		9. AGE (In years at birthday) 54	
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 (City and state or country) St. Thomas, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN K BRAUNER		13b. MOTHER'S MAIDEN NAME ANNA LUTZ	
14. NAME OF HUSBAND OR WIFE ROSE GOELLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT JOSEPH BRAUNER J C, MO.	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		9020	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Man fell from roof of home approximately 25 feet.	
20c. TIME OF DEATH Hour 5:19:00 Month 5 Day 21 Year 59 a.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.) Home		20f. CITY, TOWN, OR LOCATION Jefferson City COUNTY Cole STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Alfred Galt, Coronel Cole County	
22b. ADDRESS 630 Adams St. Jefferson City, Mo.		22c. DATE SIGNED 5/22/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/25/59	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery.		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
24. FUNERAL DIRECTOR Sydney Dulle		25. DATE RECD. BY LOCAL REG. 23 May 1959	
ADDRESS J C MO.		26. REGISTRAR'S SIGNATURE R.P. Dorris, M.D. - M.R.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 3 1950

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
Sylvester DeWitt

Licensed Embalmer No. *4371*
P. O. Address *Jefferson Co*

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.