

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020031

FILED VS JUN 8 1960

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 107 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Caldwell									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 17 Mo.		c. CITY OR TOWN Hamilton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Frame St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First RUDOLPH Middle J.A. Last BRAM				4. DATE OF DEATH Month June Day 1 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/30/1879		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Funeral Director				11. BIRTHPLACE (City and state or country) Denver, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME G.F. Bram				13b. MOTHER'S MAIDEN NAME Elizabeth Abplanalp				14. NAME OF HUSBAND OR WIFE Jennie Wood Bram					
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. unknown				17. INFORMANT R. Lester Bram Address Macon, 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) Stroke Myocarditis										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. _____		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Oct 29, 1959 to June 1, 1960 and last saw him alive on June 1, 1960 Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J.M. Dowell, M.D. (Degree or title)				22b. ADDRESS Chillicothe Mo				22c. DATE SIGNED 6-2-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-3-1960		23c. NAME OF CEMETERY OR CREMATORY Highland				23d. LOCATION (City, town, or county) (State) Hamilton Missouri					
24. FUNERAL DIRECTOR Bram Funeral Home ADDRESS Hamilton, Mo.				25. DATE RECD. BY LOCAL REG. 6-2-60				26. REGISTRAR'S SIGNATURE Francis B Nevel					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 14 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dale A. Oldfie

Licensed Embalmer No. *4542*

P. O. Address *Hamilton*

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.