

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 22 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>7 months</b>	c. CITY OR TOWN <b>Jefferson City,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R.I</b>	
3. NAME OF DECEASED (Type or print) <b>John H. Brauner</b>			4. DATE OF DEATH Month <b>July</b> Day <b>6</b> Year <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/15/83</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Brauner</b>		13b. MOTHER'S MAIDEN NAME <b>Filomena Becker</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no</b>			16. SOCIAL SECURITY NO. <b>[redacted]</b>	17. INFORMANT Address <b>Julius Brauner J.C.Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ca of Prostate</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
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)				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 <u>6-3-63</u> to <u>7-6-63</u> and last saw <sup>her</sup> him alive on <u>7-5-63</u> Death occurred at <u>10 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. E. Feind M.D.</b>			22b. ADDRESS <b>Rolla Mo.</b>		22c. DATE SIGNED <b>7-10-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/9/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	23d. LOCATION (City, town, or county) <b>Jefferson City, Mo/</b>		
24. FUNERAL DIRECTOR By <b>D. Paul E. Mull</b>		ADDRESS <b>Jefferson City</b>	25. DATE RECD. BY LOCAL REG. <b>July 9, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Nedra L. Stool</b>	

Permit issued Pending Doctor's signature - three

**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 Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.