

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

70 0019515

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/70

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 50

DECEASED—NAME FIRST MIDDLE LAST 1. Brenda Ann LIESEMEYER		SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 3, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 17	UNDER 1 YEAR 5b. MOS. DAYS 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. November 24, 1952
CITY, TOWN, OR LOCATION OF DEATH 7a. Hermann	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Hermann Area Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. single	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. Unknown	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. student and waitress	KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Gasconade	CITY, TOWN, OR LOCATION 14c. Bay	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes
FATHER—NAME FIRST MIDDLE LAST 15. Elmer Liesemeyer		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Helen Engelbrecht	
INFORMANT—NAME 17a. Elmer Liesemeyer		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Bay, Mo. 65041	
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Cerebral concussion DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (C) 19a. No			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Accident	DATE OF INJURY (MONTH, DAY, YEAR) 20b. June 1, 1970	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. Automobile accident	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
INJURY AT WORK (SPECIFY YES OR NO) 20a. No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b. Highway M 19	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c. Six miles south of Hermann	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. June 1, 1970 TO 21b. June 1, 1970	AND LAST SAW HIM/HER ALIVE ON 21c. June 1, 1970	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. I did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 2:15 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. Louis E. Jorel, M.D.	HOUR OF DEATH 22b. 2:15 P.M.	THE DECEDENT WAS PRONOUNCED DEAD 22c. June 1, 1970	DATE SIGNED (MONTH, DAY, YEAR) 22d. June 3, 1970
CERTIFIER—NAME (TYPE OR PRINT) 23a. Louis E. Jorel, M.D.	SIGNATURE 23b. Louis E. Jorel	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. June 3, 1970
MAILING ADDRESS—CERTIFIER 23a. 1008 Washington Street, Hermann, Missouri 65041	STREET OR R.F.D. NO. 23b. 1008 Washington Street	CITY OR TOWN 23c. Hermann	STATE 23d. Missouri
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. burial	CEMETERY OR CREMATORY—NAME 24b. Zion-St. Paul Cemetery	LOCATION 24c. Bay, Mo.	CITY OR TOWN 24d. Bay, Mo.
DATE 24a. June 4, 1970	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24b. Gottenstroeter Funeral Home; 108 S. Second; Owensville, Mo. 65066	FUNERAL DIRECTOR—SIGNATURE 24c. [Signature]	
FUNERAL DIRECTOR—SIGNATURE 24c. [Signature]		REGISTERAR—SIGNATURE 24d. [Signature]	DATE RECEIVED BY LOCAL REGISTRAR 24e. June 3, 1970

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.