

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4777

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WOODAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 2 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NONCLYDEITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) N	

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) SISTER M. LIGUORI (FRANCES BRUGGEMAN)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1950		
--	--	--	---	--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 11/21/1910		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
------------------	---------------------------	---	--------------------------------	--	---------------------------------------	---------------------------	--------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Nun		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Almelo, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
---	--	-----------------------------------	--	---	--	--	--

13a. FATHER'S NAME GERHARD H. BRUGGEMAN		13b. MOTHER'S MAIDEN NAME MARY ANNA DITTLINGER		14. NAME OF HUSBAND OR WIFE NONE	
--	--	---	--	-------------------------------------	--

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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SISTER CECELIA, MEYER BLVD. & PASEO			
--	---------------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malignant Tumor of Brain</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 mos.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ 1937				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1-31-50	19b. MAJOR FINDINGS OF OPERATION <i>glioblastoma Multiforme Rt. Frontal Lobe</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-----------------------------------	---	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 1949, to 2-1, 1950 that I last saw the deceased alive on 1-31, 1950 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Donald F. Coburn</i>		23b. ADDRESS <i>411 Alameda Rd. KC 24</i>		23c. DATE SIGNED <i>2-1-50</i>	
---	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL <i>4</i>	24b. DATE <i>2/2/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Benedictine Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clyde, Missouri</i>		
---	----------------------------	---	---	--	--

DATE REC'D BY LOCAL REG. <i>2-2-50</i>	REGISTRAR'S SIGNATURE <i>Steraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wirk & Tobin</i>		ADDRESS <i>20 W. Linwood</i>
---	---	--	---	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Forrest A. Coldman

Licensed Embalmer No. 7714

P. O. Address R. C. Mos

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 this body is not embalmed, fact should be so stated above.