No. 300
10.48

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26212

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 22

5140
3

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wainwright Holt Summit Twp.
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Two miles west of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wainwright (Rural) Holt Summit Twp.
d. STREET ADDRESS (If rural, give location): Two miles west of town 0140

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) F.
c. (Last) Bretthorst

4. DATE OF DEATH (Month) (Day) (Year): Aug 22 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 14 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 4 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): near Chamois, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Geo. Bretthorst
13b. MOTHER'S MAIDEN NAME: Minnie Bretthorst
14. NAME OF HUSBAND OR WIFE: Hattie Mae Bretthorst deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed to death by tractor which was driving and turned over

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 8224 3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 014
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): road
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Holt Summit Twp Callaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 21 1950 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor out of control copped and crushed him to death

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Garrett, Coroner
23b. ADDRESS: Fulton, Mo.
23c. DATE SIGNED: 8/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 23 1950
24c. NAME OF CEMETERY OR CREMATORY: Tink
24d. LOCATION (City, town, or county) (State): Wainwright Mo

DATE REC'D BY LOCAL REG.: 9-26-50
REGISTRAR'S SIGNATURE: LeRoy Clay Pond
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fanny Serwine - Wo Jefferson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 31 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address.....

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.