

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37592

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

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
c. LENGTH OF STAY (in this place) 15 1/2		d. STREET ADDRESS (If rural, give location) 1520 Franklin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1520 Franklin Ave.			

3. NAME OF DECEASED a. (First) OTTO b. (Middle) HENRY c. (Last) BRUEGGEMAN Sr.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 28, 1888		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 9	
11. IF UNDER 1 YEAR Days 6		12. IF UNDER 1 HRS. Hours		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Motor Car		11. BIRTHPLACE (State or foreign country) Weldon Springs, Mo.	

13a. FATHER'S NAME H.W. Brueggeman		13b. MOTHER'S MAIDEN NAME Augusta Mebbink		14. NAME OF HUSBAND OR WIFE Elsie Fahrmerer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-22-1520		17. INFORMANT'S SIGNATURE OR NAME Elsie Brueggeman, Lexington Mo.	
15. ADDRESS (If yes, give war or dates of service)		16. ADDRESS		17. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 7 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known				4 201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 4 Nov, 1950 to Never, 19, that I ~~last~~ saw the deceased alive on 19, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jack P. Miller M.D. (Degree or title)		23b. ADDRESS Lexington Mo.		23c. DATE SIGNED 11/4/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/50		24c. NAME OF CEMETERY OR CREMATORY Evangelical		24d. LOCATION (City, town, or county) (State) Higginsville, Mo.	
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DATE REC'D BY LOCAL REG. 16 Nov. 1950		REGISTRAR'S SIGNATURE M. E. ...		25. FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS ...	
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RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11-20-50

MAR 6 1957

SEP 10 1954

NOV 7 1956

NOV 29 1950

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 W. M. Kear

Licensed Embalmer No. 2983

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.