

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36348

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia 0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospl</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u>	
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>John</u> c. (Last) <u>Bretthorst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4th 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 17 1898</u>
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>3</u> DAYS <u>17</u> IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Bretthorst</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Ballenger</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Ann Bretthorst</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Helen Ann Bretthorst</u> ADDRESS <u>R5</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>		UNKNOWN	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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 <u>Dec 1</u> , 1951, to <u>Dec 4</u> , 1951, that I last saw the deceased alive on <u>Dec 4</u> , 1951; and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles W. Janke M.D.</u>		23b. ADDRESS <u>Columbia, Missouri</u>	
23c. DATE SIGNED <u>Dec 5, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hannover</u>	
24d. LOCATION (City, town, or county) (State) <u>Wainwright Mo</u>		DATE REC'D BY LOCAL REG. <u>Dec 6 1951</u>	
REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		51	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. W. [Signature]</u>		ADDRESS <u>Columbia</u>	

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

105

110

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

DEC 10 1951

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lynwood H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.