S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1952

State File No. 25273

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY Pettis 0804
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 905 So. Quincy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
d. STREET ADDRESS (If rural, give location) 905 So Quincy

3. NAME OF DECEASED (Type or Print) a. (First) Wenzel b. (Middle) J. c. (Last) Brosch

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 12 1868
9. AGE (In years last birthday) 84 | If under 1 Year: Months 6 Days 1 | 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
11. BIRTHPLACE (State or foreign country) Chicovitz Bohemia 8
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Brosch
13b. MOTHER'S MAIDEN NAME Katherine Weir
14. NAME OF HUSBAND OR WIFE Anna Brosch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Frank Brosch ADDRESS 608 W. 2 Sedalia

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) Nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis Chronic —

DUE TO (c) Arteriosclerosis —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 442X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, 1950, *to* July 13, 1952, *that I last saw the deceased alive on* July 12 1952, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. A. Beckemeyer MD
23b. ADDRESS Sedalia Mo
23c. DATE SIGNED 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-15-52
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) Sedalia (State) Mo

DATE REC'D BY LOCAL REG. 7-15-52
REGISTRAR'S SIGNATURE X
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.