S. No. 300
v. 10.48

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38067

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 284

264

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

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO.
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNOTS MILL, MO. 0766
d. STREET ADDRESS (If rural, give location): BONNOTS MILL, MO. 1

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): LOUIS
c. (Last): BRET

4. DATE OF DEATH (Month) (Day) (Year): NOV. 17, 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JULY 25, 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3, Days 26 — 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: RETIRED
11. BIRTHPLACE (State or foreign country): BONNOTS MILL, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EUGENE BRET
13b. MOTHER'S MAIDEN NAME: AMELIA BOILLOT
14. NAME OF HUSBAND OR WIFE: BARBARA KRAMER

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. FRANK STARKE BONNOTS MILL MO

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4-5 yrs

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) 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* 12-29-, 1948, *to* 11-17-, 1952, *that I last saw the deceased alive on* Nov 16, 1952, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl L. Loyd, M.D.
23b. ADDRESS: Jeff. City, Mo.
23c. DATE SIGNED: 11/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 11/19/52
24c. NAME OF CEMETERY OR CREMATORY: ST. LOUIS
24d. LOCATION (City, town, or county) (State): BONNOTS MILL, MO.

DATE REC'D BY LOCAL REG.: Nov. 19-52
REGISTRAR'S SIGNATURE: R. F. Dorris MD NR
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle
ADDRESS: J. C. MO.

68-0 (Licensed Embalmer's Statement on Reverse Side)

APR 18 1958

NOV 24 1954

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson Ate 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.