

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28106

State File No.

FILED AUG 17 1953

BIRTH NO. 50524 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Centertown</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E Still Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Centertown 0269</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Brent</u>		b. (Middle) <u>(None)</u>	c. (Last) <u>Fluegel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Aug 9 1953</u>	9. AGE (In years last birthday) <u>—</u> MONTHS <u>—</u> DAYS <u>—</u>	IF UNDER 14 HRS. Hours <u>5</u> Min. <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Walter Adam Fluegel</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Francis Heidbreck</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter A. Fluegel</u> ADDRESS <u>Centertown Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia of Preg. - Chronic glomerulonephr. b.</u>		
		DUE TO (c)		

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) <u>774X</u>	
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 Aug 9 1953, to Aug 9 1953, that I last saw the deceased alive on 8-9 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E Still</u>		23b. ADDRESS <u>Centertown Mo</u>	23c. DATE SIGNED <u>8/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 10 '53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Califarnia Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>California Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 10-1953</u>	REGISTRAR'S SIGNATURE <u>R.G. Harris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nugent Schuchert</u> ADDRESS <u>Russellville Mo</u>	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Nugent Schuchert*
Licensed Embalmer No. *2820*
P. O. Address *Russellville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.