

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23508**

BIRTH NO. _____		REG. DIST. NO. <u>174</u>	PRIMARY REG. DIST. NO. <u>3035</u>	Registrar's No. <u>72</u>
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1816 Bloom Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo John</u> b. (Middle) <u>Martin</u> c. (Last) <u>Bredhoeft</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1954</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>October 5, 1886</u>	9. AGE (In years last birthday) <u>67</u> <u>9</u> MONTHS <u>3</u> YEARS <u>3</u> HOURS <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob Bredhoeft</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Weinberg</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Steffens</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>Maria Bredhoeft, Lexington, Mo.</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary heart disease</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Embolism of lung 4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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)	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>7/4/54</u> , 19 <u>54</u> , to <u>7/8/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/8/54</u> , 19 <u>54</u> , and that death occurred at <u>5:00 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Bern H. Brasher, M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>8/2/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-4-54</u>	REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	F. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS _____		

Bush

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 *J. L. McLean*

Licensed Embalmer No. 2983

P. O. Address *Kingston, Tennessee*

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.