

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28103

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Higginsville		c. LENGTH OF STAY (in this place) 2 years	c. CITY OR TOWN Higginsville
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 W. 15th		f. STREET ADDRESS (If rural, give location) 108 W. 15th	

3. NAME OF DECEASED (Type or Print) a. (First) Justine b. (Middle) Mina Louise c. (Last) Bruening			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 18, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Rinne	13b. MOTHER'S MAIDEN NAME (unknown)	14. NAME OF HUSBAND OR WIFE Fred C. Bruening
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gus Hoelscher Higginsville, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH 2 mts.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized Years - 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	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 March, 1950, to August 24, 1954, that I last saw the deceased alive on Aug. 24, 1954, and that death occurred at 10:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE Wallace Koppens, M.D.	(Degree or title)	23b. ADDRESS Higginsville, Mo	23c. DATE SIGNED Aug 25, 54
---	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/27/54	24c. NAME OF CEMETERY OR CREMATORY Evangelical & Reform	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.
---	--------------------------	--	--

DATE RECD BY LOCAL REG. Aug 26, 1954	REGISTRAR'S SIGNATURE Clayton W. Landrum	15450	25. FUNERAL DIRECTOR'S SIGNATURE Archie Kieckhefer	ADDRESS Higginsville, Mo.
---	---	-------	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

54

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.....
Signature of Student Embalmer

Signed *Forest Rieckhoff*.....

Licensed Embalmer No. *42*.....

P. O. Address *Heggen*.....

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.