

FILED APR 25 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 11022

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>420</u>				
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>St. Joseph</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>2014 S. 10th Street</u>				e. STREET ADDRESS (If rural, give location) <u>2014 S. 10th Street</u>				<u>01170</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Brentzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 7, 1868</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>Phelps County, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Hamilton Ledbetter</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown) Dunn</u>			14. NAME OF HUSBAND OR WIFE <u>Theodore Brentzel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Ellis</u>					ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>						<u>2 yrs.</u>		
		ANTECEDENT CAUSES DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>						<u>3 to 4 yrs</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						<u>10 yrs.?</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>143 X</u>						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>3-10</u> , <u>1955</u> , to <u>4-17</u> , <u>1955</u> , that I last saw the deceased alive on <u>4-17</u> , <u>1955</u> , and that death occurred at <u>9:50P</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>103 W. Missouri Ave., City</u>			23c. DATE SIGNED <u>3-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mountian View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mountian View, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>April 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathern M. Allison</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Meuchoffer - Selman</u>				ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....<sup>\*\*\*</sup> .....<sup>\*\*\*\*</sup>....., Student Embalmer No. ....<sup>\*</sup>  
working under my personal supervision..

Student.....<sup>\*\*\*</sup> .....<sup>\*\*\*\*</sup>.....  
Signature of Student Embalmer

Signed *Raymond W. Horche*.....

Licensed Embalmer No. <sup>4413</sup>..... Mo

P. O. Address St. Joseph, M

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.