

No. 300  
10.48

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14910

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Belton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 Hershell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>403 Hershell</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>BREDEHOEFT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-1955</u>
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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>7-16-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Serv.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marissa, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Bredehoeft</u>	13b. MOTHER'S MARDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Mae Bredehoeft</u>
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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>Mrs Mary Ketteman</u>	ADDRESS <u>Belton, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA, ACUTE</u>		<u>8 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS CHRONIC (COR BOVINUM)</u> <u>Mitral Stenosis and Insufficiency with</u> DUE TO (c) <u>Aortic Insufficiency, Rheumatic Origin</u>		<u>15 YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>NONE</u>	<u>25+ YRS.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON, CASS, MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Dec. 24, 1945, to May 17, 1955, that I last saw the deceased alive on May 17, 1955, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>	23b. ADDRESS <u>BELTON, Mo.</u>	23c. DATE SIGNED <u>5-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/19/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 20, 1955</u>	REGISTRAR'S SIGNATURE <u>(Nora) Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GEORGE &amp; SONS</u>	ADDRESS <u>Belton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 29 1955

RECEIVED  
MAY 23 1955  
HEALTH DEPARTMENT

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

RECEIVED  
Signed  
MAY 23 1955  
HEALTH DEPARTMENT

*Richard E. George*

Licensed Embalmer No. 395  
P. O. Address *Bella*

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.