

According to the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43130

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY SALINE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BLACKBURN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBON'S HOSPITAL			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALVIN Middle - Last BREDEHOEFT				4. DATE OF DEATH DECEMBER 2, 1957 Month DECEMBER Day 2 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JANUARY 20, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state of country) ALMA, Mo		12. CITIZEN OF WHAT COUNTRY? U.S	
13. FATHER'S NAME JACOB BREDEHOEFT				14. MOTHER'S MAIDEN NAME MARGARET WIENBERG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-34-9807		17. INFORMANT Mrs. Esther Bredehoeft, Blackburn, Mo Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial sclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201				
20c. TIME OF INJURY Hour 12:00 Month Dec Day 2 Year 1957 a. m. 00 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Marshall, Mo		COUNTY Saline STATE Mo	
21. I attended the deceased from Nov 27 to Dec 2 and last saw him alive on Dec 2-57 Death occurred at Dec 2-1957 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John R. Lawrence (Degree or title)				22b. ADDRESS Marshall, Mo		22c. DATE SIGNED 12-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY		23d. LOCATION (City, town, or county) BLACKBURN, Mo		(State)	
24. FUNERAL DIRECTOR L.F. PARKER - Sweet Springs, Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 12-3-57		26. REGISTRAR'S SIGNATURE Cecil G. Reed		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *L. F. Parker*.....

Licensed Embalmer No. 389

P. O. Address *Sweet Springs*

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.