

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **36**

0920  
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1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>O'FALLON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>O'FALLON</b> 0920	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>R. F. I 1-ARDENNE TWP.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>GREGORY</b> c. (Last) <b>BRASSEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 22 1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (1902) <b>MAY 3-1902</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>		11. BIRTHPLACE (State or foreign country) <b>O'FALLON Mo</b>	
13a. FATHER'S NAME <b>JAMES BRASSEL</b>			13b. MOTHER'S MAIDEN NAME <b>RHODES</b>		14. NAME OF HUSBAND OR WIFE <b>DOROTHY BRASSEL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-40-4023</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DOROTHY BRASSEL O'FALLON</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>6 SEC. V</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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? <b>2</b> 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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>22 JAN, 1958</b> , to <b>22 JAN, 1958</b> , that I last saw the deceased <del>alive on</del> <b>7:00 P.M.</b> , and that death occurred at <b>7:00 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Kene J. Dumontier MD</b>			23b. ADDRESS <b>O'Fallon, Mo</b>		23c. DATE SIGNED <b>25 Jan 58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>JAN. 25-1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CONCEPTION ARDENNE</b>	
				24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>1/25/58</b>		REGISTRAR'S SIGNATURE <b>E. Keathly</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Keathly O'Fallon Mo</b>	

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

**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 \_\_\_\_\_

*E. Keithy*

Licensed Embalmer No. 877

P. O. Address Stallan Mo.

**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.