

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011927

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 49

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 Sweet Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbons Hosp.		Length of stay in lb 5 weeks	d. STREET ADDRESS 202 West Street		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Alfrieda Johanna Margaretta Brunkhorst			4. DATE OF DEATH <i>Month Day Year</i> March 19, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 23, 1888	9. AGE (In years less birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Drietrich Brunkhorst			14. MOTHER'S MAIDEN NAME Welhimina Miller		
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. none	17. INFORMANT Address Miss Olga Brunkhorst, Sweet Springs		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					2 months
DUE TO (b) Sulphuric abscess					
DUE TO (c) Gallbladder pathology					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diast. of femur Feb. 10, 1959					
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.) Fell out of bed			
20c. TIME OF INJURY 8:30 p. m. 3-10-59					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Fitzgibbons Hospital		20f. CITY, TOWN, OR LOCATION COUNTY STATE Marshall Saline Mo.	
21. I attended the deceased from Feb. 10, 1959 to Mar. 19, 1959 and last saw him alive on Mar. 19, 1959 . Death occurred at 2:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. M. D.			22b. ADDRESS Marshall, Mo.		22c. DATE SIGNED 3-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.
24. FUNERAL DIRECTOR L. F. Parker, Sweet Springs, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-59		26. REGISTRAR'S SIGNATURE Cecil G. Read	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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. 384

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.