

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045506

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 456

FILED VS JAN 1 2 1961

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Jefferson City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 320 East State Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 320 East State Street

3. NAME OF DECEASED (Type or print) First JOHN Middle Edwin Last BRENNER			4. DATE OF DEATH Month December Day 24 Year 1960		
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 6-11-1937	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months 6 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver-Nelson Kirsch Poultry Co.		10b. KIND OF BUSINESS OR INDUSTRY Cole County, Mo.	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Antone Brenner		13b. MOTHER'S MAIDEN NAME Irene		14. NAME OF HUSBAND OR WIFE Ruth Harrison	
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. 487-40-8922		17. INFORMANT HAULENBEEK Address Mr. Frank HaulenbEEK Rt. 1 J.C., Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH Instant.
DUE TO (b) Carbon Monoxide Poisoning.		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Defective gas heater in an enclosed
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20. TIME OF DEATH Hour 11:00 p.m. Month, Day, Year 12-24-60	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Jefferson City, Cole Mo.
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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.) Home	20f. CITY, TOWN, OR LOCATION Jefferson City, Cole Mo.
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21. I attended the deceased from **BODY FOUND APPROXIMATELY 9.30 P.M. DECEMBER 30, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Victor Bueschu</i>	(Degree or title) Coroner, Cole Co.	22b. ADDRESS 456 Green Berry Rd.	22c. DATE SIGNED 1-4-61.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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24. FUNERAL DIRECTOR <i>Victor Bueschu</i>	ADDRESS Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG. 4 January 1961	26. REGISTRAR'S SIGNATURE <i>R.P. Davis</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1961

1961 0 1961

VS
JAN 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Victor P. [Signature]

Licensed Embalmer No. 376

P. O. Address gem

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

NOT