

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000066

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 11
FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. River-Twp		Length of stay in lb 4 months	c. CITY OR TOWN Montgomery City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Coldwell Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Herman Last Brueggen			4. DATE OF DEATH Month January Day 14 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/30/1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 7 Days 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) St. Louis County, Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Brueggen		13b. MOTHER'S MAIDEN NAME Mary Meyer		14. NAME OF HUSBAND OR WIFE None	
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 Montgomery City Missouri Miss Mathilda Brueggen		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis with myocardial infarction DUE TO (b) myocardial infarction DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)				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 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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	COUNTY	STATE	
21. I attended the deceased from 1-9-62 to 1-13-62 and last saw him alive on 1-13-62 Death occurred at 12:09 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James E. Stapp DO			22b. ADDRESS 108 N Clark Mexico Mo		22c. DATE SIGNED 1-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-16-1962	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	23d. LOCATION (City, town, or county) (State) Florissant, Missouri		
24. FUNERAL DIRECTOR Schlanker Funeral Home		ADDRESS Montgomery City Missouri	25. DATE RECD. BY LOCAL REG. January 16-1962	26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

STATE OF MONTGOMERY

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
MONTGOMERY, ALABAMA

NAME OF DECEASED _____
DATE OF DEATH _____
PLACE OF DEATH _____
CITY _____ STATE _____
COUNTY _____
AGE _____ SEX _____
MARRIAGE _____
OCCUPATION _____
EDUCATION _____
RELIGION _____
MANNER OF DEATH _____
CAUSE OF DEATH _____
PLACE OF BURIAL _____
CITY _____ STATE _____
COUNTY _____

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 Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.