

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13867

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clarence</u> c. LENGTH OF STAY (In this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarence</u> <u>Rural</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>12 miles S West of Shelbina</u>	
3. NAME OF DECEASED a. (First) <u>Walter</u> b. (Middle) <u>Roy</u> c. (Last) <u>Brengle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12th 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 7th 1888</u>
9. AGE (In years) last birthday <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Logan Brengle</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Ellen Brengle</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Brengle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Brengle</u>		ADDRESS <u>Clarence Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>Arteriosclerosis + Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Dec 1898</u> , to <u>4/12 1950</u> , that I last saw the deceased alive on <u>3/20 1950</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Hesse</u> (Degree or title)		23b. ADDRESS <u>Shelbina, Mo.</u>	
23c. DATE SIGNED <u>4/21/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/14/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holliday Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holliday Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-50</u>		REGISTRAR'S SIGNATURE <u>Anne Margaret Curditt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Million & Barkeler</u>		ADDRESS <u>Shelbina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
Date Filed

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_____

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Henry G. Berkeley*
Student Embalmer No.
Licensed Embalmer No. *3825*
P. O. Address *Shelburne, 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.