

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25989  
Registrar's No. 40

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Breton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Breton Twp.</u>	
c. LENGTH OF STAY (In this place) <u>64 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Haskell 1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haskell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>William</u> c. (Last) <u>Toruegge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1951</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. 25 1887</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>18</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fred W. Toruegge</u>		13b. MOTHER'S MAIDEN NAME <u>Ernie Placke Rusick Toruegge</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Toruegge Mineral Painter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Toruegge Mineral Painter</u>	
				ADDRESS <u>4202</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>				<u>2 years</u>	
		DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>				<u>4 years</u>	
		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 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)	
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 Autumn 1947, to July 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lawson Lane Jr.</u>		23b. ADDRESS <u>Do Potomac, Mo.</u>		23c. DATE SIGNED <u>July 21, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haskell Cemetery Washington Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks Potomac Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/21/51</u>		REGISTRAR'S SIGNATURE <u>Harold Rudolph</u>		ADDRESS <u>403</u>	

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

REC'D  
AUG 20 1951

RECEIVED

JUL 24 1951

WASH. COUNTY HEALTH DEPT.

File No.

756-216

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 Embalmer No. ....

Signed Murphy

Signed.....  
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.