

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34320**

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **110**

610

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

1. PLACE OF DEATH a. COUNTY Macou		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY OR TOWN Rural-Hudson		c. CITY OR TOWN Quincy	
c. LENGTH OF STAY (in this place) 2 mo. 10 da		8125	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium		d. STREET ADDRESS (If rural, give location) 808 N. 6th. st.	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) George	c. (Last) Bredeweg	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 11, 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 21, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Ice. Stove Co.	11. BIRTHPLACE (State or foreign country) Quincy, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Garhart Bredeweg	13b. MOTHER'S MAIDEN NAME Wilhelmina Stickhorst	14. NAME OF HUSBAND OR WIFE Mrs Mac Bredeweg
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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. 361-07-6061	17. INFORMANT'S SIGNATURE OR NAME Lorene Bredeweg	ADDRESS Quincy, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis and Myocardial Infarction DUE TO (c) Arteriosclerosis		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 31, 1951**, to **Oct. 11, 1951**, that I last saw the deceased alive on **Oct. 11, 1951**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Eldon G. Morgan, D.O. (Degree or title)	23b. ADDRESS S.H.O.S. Macou, Mo.	23c. DATE SIGNED 10-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/11/51	24c. NAME OF CEMETERY OR CREMATORY Greenmount	24d. LOCATION (City, town, or county) (State) Quincy, Ill.
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DATE REC'D BY LOCAL REG. 11/3/51	REGISTRAR'S SIGNATURE Fred McNeely	25. FUNERAL DIRECTOR'S SIGNATURE Walter Skinner	ADDRESS Macou Mo
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RECEIVED 11-8-51
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-51179
Date Filed 11-9-51

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

Thos. L. Bott

Signed.....
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address *Macon, Me*

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.