

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26989

State File No.

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 37

1141 D
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; resident before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove</u>	
c. LENGTH OF STAY (If in this place) <u>3 yrs.</u>		d. STREET ADDRESS (In rural, give location) <u>Lake Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Albert</u> c. (Last) <u>Bresler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1952</u>		
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5. SEX <u>Males</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, MARRIED DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
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13a. FATHER'S NAME <u>John A. Bresler</u>		13b. MOTHER'S MAIDEN NAME <u>Elmina Wetzel</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Spurgeon</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bresler</u> ADDRESS <u>Mtn. Grove</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chama</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		
	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 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) <u>4221</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June, 1950, to 6-28, 1952, that I last saw the deceased alive on 6-27, 1952, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>7700 Mountain View, Mo.</u>	23c. DATE SIGNED <u>July 1, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/3/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-8-52</u>	REGISTRAR'S SIGNATURE <u>A. B. Ames</u>	348	FUNERAL DIRECTOR'S SIGNATURE <u>Mussell Barber</u> ADDRESS <u>Mtn. Grove</u>
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RECEIVED JUL 15 1952
WRIGHT CO. HEALTH DEPT.
County File Number 752-84
Date Filed 7-19-52

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
Student Embalmer

Signed *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *W.H. GROVE, 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.