

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34909

State File No. 4709
Registrar's No. ~~4709~~

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO: 1002

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (institution). a. STATE <i>MO.</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>US 10</i>	
c. LENGTH OF STAY (in this place) <i>4 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>5 mi East of Odessa, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Gracie Nursing Home - 3918 Charlotte</i>			

3. NAME OF DECEASED (Type or Print) <i>HENRIETTA</i>	a. (First)	b. (Middle) <i>BRUEGGENJOHANN</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 28 1952</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Jan 16, 1865</i>	9. AGE (In years last birthday) <i>87</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>12</i>	IF UNDER 48 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>August Laab</i>	13b. MOTHER'S MAIDEN NAME <i>Louisa Bezemann</i>	14. NAME OF HUSBAND OR WIFE <i>Henry Brueggjenjohann</i>
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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) <i>no.</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charles Brueggjenjohann</i>	ADDRESS <i>Madison Mo.</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Gangrene of left foot</i>		<i>1 yr</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis Obliterans</i>		
	DUE TO (c) <i>Senile psychosis</i>		<i>450.1</i>
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 *Apr 24, 1948*, to *Oct 28, 1952* that I last saw the deceased alive on *Oct 13, 1952*, and that death occurred at *2:40 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Ira C. Dayton</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>AREVLE Bldg. K.C. Mo</i>	23c. DATE SIGNED <i>10-28-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Oct. 30-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mayview Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Mayview MO</i>
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DATE REC'D BY LOCAL REG. <i>10-28-52</i>	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Husman - Sparks</i> ADDRESS <i>By W. L. Sparks</i>
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MAR 17 1953

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.....

William T. Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. *# 4431*

P. O. Address. *Odessa, 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.