

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16689

FILED JUN 1 1954

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5798</u>		Registrar's No. <u>18</u>	
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 or township) <u>Rural - Clay Twsp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay Twsp</u>		d. STREET ADDRESS (If rural, give location) <u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Miles South-West of Shelbyna, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Brengle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1954</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>Aug. 10, 1898</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</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 Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Lillian Brengle RFD Holliday</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* <u>(a) Acute Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>May 22-23</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u>				DUE TO (c) _____		APR. 1952 - MAY 1954	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic ulcers</u>						Hypertension	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>1201</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>April 24, 1952</u> , to <u>May 23, 1954</u> , that I last saw the deceased alive on <u>May 23, 1954</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Gladys Bauer D.O.</u>				23b. ADDRESS <u>Shelbina, Missouri</u>		23c. DATE SIGNED <u>5/24/1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/25/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holliday Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holliday, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Elmer Robertson 471</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>E. Hayes Shelbina, Missouri</u>			

JUN 17 1954

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..... *Paul E. Hayes*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4461*

P. O. Address..... *Shelton, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.