No. 300
10-48

0080
4

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17892

State File No.

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW
c. LENGTH OF STAY (in this place): 10 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: BENTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW 0080
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Bronnenberg
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June 28 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 25, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months 0, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: RANCH HAND
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fredrick Bronnenberg
13b. MOTHER'S MAIDEN NAME: Sarah Ann Fugua
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 520-18-1642
17. INFORMANT'S SIGNATURE OR NAME: Wallace E. Heath — ADDRESS: Warsaw

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: OVER 1 MONTH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Congestive HEART FAILURE — 2 weeks

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 21 May, 1954, *to* 28 June, 1954, *that I last saw the deceased alive on* 28 June, 1954, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David H. Glenn (Degree or title): MD
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 29 June 54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: June 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: Bronnenberg Cem
24d. LOCATION (City, town, or county) (State): Chesterfield Ind

DATE REC'D BY LOCAL REG.: June 29 1954
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Kiser — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1961

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 John T. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.