

STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1955

1436
State File No. 20
Registrar's No. 20

BIRTH NO.		REG. DIST. NO. 110		PRIMARY REG. DIST. NO. 4182		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin 0360			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN MO.		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN New Haven		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) AUGUST		b. (Middle) ADOLPH		c. (Last) BRECKENKAMP	
4. DATE OF DEATH		(Month) April		(Day) 30		(Year) 1955	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 17 1872	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 13		IF UNDER 24 HRS. Hours 13		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Detmold Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henery Breckenkamp		13b. MOTHER'S MAIDEN NAME Elise Muller		14. NAME OF HUSBAND OR WIFE Francis Breckenkamp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		(If yes, give war or dates of service) Nil		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Ed Pelle Buge 200	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Chronic Myocardial Degeneration				2 yrs	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) General Arteriosclerosis				10 yrs	
		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"/>	
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)		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 Sept. 3, 1954 , to April 30, 1955 , that I last saw the deceased alive on April 30, 1955 , and that death occurred at 3:05 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE E. W. Keld 200 2				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 5-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4 1955		24c. NAME OF CEMETERY OR CREMATORY New Haven Cem		24d. LOCATION (City, town, or county) (State) New Haven Mo.	
DATE REC'D BY LOCAL REG. 5/3/55		REGISTRAR'S SIGNATURE Nettie Murphy 501-0		25. FUNERAL DIRECTOR'S SIGNATURE L. C. Fenter & Son		ADDRESS New Haven Mo	

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

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.....
Signature of Student Embalmer

Signed *Earl C. Fertig*.....

Licensed Embalmer No. *338*.....

P. O. Address *Mus. Haven*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.