

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 3786

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY
c. LENGTH OF STAY (In this place) 31 years

c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
* STREET ADDRESS (If rural, give location) 714 CYPRESS, 3198

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK b. (Middle) A. c. (Last) BRUEGGER

4. DATE OF DEATH (Month) (Day) (Year)
August 25, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH December 31, 1917

9. AGE (In years last birthday) 37
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY POSTAL

11. BIRTHPLACE (City and State or Foreign Country) Collinsville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Emil C. B ruegger

13b. MOTHER'S MAIDEN NAME Ethel Mayfield

14. NAME OF HUSBAND OR WIFE Betty BRUEGGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII

16. SOCIAL SECURITY NO. 499 10 8298

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
VA Hospital Official Records, K. C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrythmia
ANTECEDENT CAUSES
Acute rheumatic fever
Morbidity 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
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
Immediate
12 days
400+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 August 24, 1955 to August 25, 1955, and that death occurred at 8:40A. m., from the causes and on the date stated above.

23a. SIGNATURE OF MARVIN R. BUNN, M.D.

23b. ADDRESS VA Hospital, Kansas City, Mo.

23c. DATE SIGNED 8/25/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG-29-1955

24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-29-55 neva mitchell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, 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..... *Edward M. Sta...*

Licensed Embalmer No. *44*

P. O. Address *K. C. 100*

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.