

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19814

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 63 PRIMARY REG. DIST. NO. 3010 Registrar's No. 324

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		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 <b>Willson Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>505 Broadway</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>W.</b> c. (Last) <b>Brennecke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 23, 1877</b>
9. AGE (In years last birthday) <b>78</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ancell, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Brennecke</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Widowed</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leon Brennecke</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident =</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio. Renal Vascular Disease</b> <b>2 years</b> 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 <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>— — —</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>— — —</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>JULY 18, 1954</b> , to <b>JUNE 20, 1956</b> , that I last saw the deceased alive on <b>6-19, 1956</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Kenneth Key</b>		23b. ADDRESS <b>Cape Girardeau MO</b>	
23c. DATE SIGNED <b>6-21-56</b>		24. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 23, 1956</b>	
24c. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howell Funeral Home</b>	
25. ADDRESS <b>Cape Girardeau, Mo.</b>		DATE REC'D BY LOCAL REG. <b>6-29-66</b>	
REGISTRAR'S SIGNATURE <b>Elizabeth Summer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howell Funeral Home</b>	

**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 ..... Neil H. Grossheider ..... Student Embalmer No. .... 5 working under my personal supervision..

Student..... Neil H. Grossheider  
Signature of Student Embalmer

Signed..... W. H. Estes

Licensed Embalmer No... 3568

P. O. Address... Cape Girardeau

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.