

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 W Dunklin			Length of stay in 1b 15 Yrs		d. STREET ADDRESS (If outside, give location) 218 W Dunklin		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BERNADINE KAT ERINE MARKWAY				4. DATE OF DEATH Month Day Year JAN 20, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1899		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 10 Days 26 Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JEFFERSON CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ANTON BRUEGGING				14. MOTHER'S MAIDEN NAME KATHERINE MAUS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JOSEPH MARKWAY J. C. MO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of kidney</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 2 months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE 6
21. I attended the deceased from Nov 20 1956 to Jan 29 1957 and last saw her <sup>her</sup> <del>him</del> alive on 10/27/57 Death occurred at 8 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. T. Kanagawa M.D.				22b. ADDRESS 515 E High St		22c. DATE SIGNED 1/22/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/23/57	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION		23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.			
24. FUNERAL DIRECTOR <i>Sydney Delle</i>			ADDRESS J. C. MO.		25. DATE RECD. BY LOCAL REG. 25 January 1957		26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.R.	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible.

Coroner cannot certify to a death due to natural causes.

Use only standard nomenclature in Part 18. Do not use abbreviations or initials.

Doctor, coroner, etc. must use only standard nomenclature in Part 18. Do not use abbreviations or initials.

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AUG 13 1964

MAP 29 1957

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.....  
*Sylvester Dille*

Licensed Embalmer No. 45

P. O. Address.....  
*Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.