

M. W. Huffman
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 300
 57
 Welfare
 Public
 Service

FILED SEP 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31736
 4167
 Registrator's No.

Registration District No. 149 Primary Registration District No. 1002

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 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, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas 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 Northeast Osteopathic Hosp | | Length of stay in 1b 32 yrs | d. STREET ADDRESS 714 Cypress | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) ETHEL BRUEGGER | | | 4. DATE OF DEATH Month Sept. Day 3 Year 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 Jan. 9, 1902 | | 9. AGE (In years last birthday) 55 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Oklahoma | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Frances M. Mayfield | | 13b. MOTHER'S MAIDEN NAME Nancy Haggerty | | 14. NAME OF HUSBAND OR WIFE Emile C. Bruegger | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Emil C. Bruegger Address 714 Cypress Kan, City, 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) Coronary Thrombosis with Myocardial Infarction DUE TO (b) Arteriosclerosis of Coronary Arteries DUE TO (c) Dilatative Myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity | | | | | INTERVAL BETWEEN ONSET AND DEATH 240X |
| 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 | |
| 21. I attended the deceased from Sept 3, 1957 to Sept 3, 1957 and last saw ^{her} alive on Sept 3, 1957 Death occurred at Sept 3, 1957 10:16 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) M. W. Huffman RD | | | 22b. ADDRESS 5242 St John Kansas City, Mo | | 22c. DATE SIGNED 9/6/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept 1, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Muehlebach F. H. Kansas City, Mo. ADDRESS 6800 Troost. | | 25. DATE RECD. BY LOCAL REG. 9-6-57 | | 26. REGISTRAR'S SIGNATURE Irene Minshall | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thurston

5242 St John H 3-7007

Apr 1:00 Friday

STATEMENT BY LICENSED EMBALMER

KP
2

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 *J. Crowell*

Licensed Embalmer No. *4924*

P. O. Address *K.C. Mo.*

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.