

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013472
State File No.

FILED APR 28 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG./ DIST. NO. 3010 Registrar's No. 267

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kinder</u> <u>0160</u>	
c. LENGTH OF STAY (In this place) <u>20 days</u>		d. STREET ADDRESS (If rural, give location) <u>near Burfordville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>BRENNECKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 9, 1879</u>
9. AGE (In years last birthday) <u>78</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>near Burfordville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Brennecke</u>		13b. MOTHER'S MAIDEN NAME <u>Ludwig</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oda Ciddle, Millerwood Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u> ANTECEDENT CAUSES Morbid 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.	
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1948</u> , <u>1949</u> , to <u>March 31, 1958</u> , that I last saw the deceased alive on <u>March 31, 1958</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. F. McDonald M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>	
23c. DATE SIGNED <u>3-31-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 2, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>near Burfordville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 19, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell Jackson Mo</u>		ADDRESS <u>Jackson Mo</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Lyman Steele

Signed.....

Student Embalmer

Licensed Embalmer No. 2476

P. O. Address Jackson 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 this body is not embalmed, fact should be so stated above.