

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014094  
State File No. 1608

FILED APR 22 1958

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>about 6 yrs</u>		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 <u>Research Hosp.</u>		STREET ADDRESS (If rural, give location) <u>501 W. 10th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>E.</u> c. (Last) <u>Brueggeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-58</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1-29-1919</u>		9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>England</u>	
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME (Unknown) <u>Lewington</u>		13b. MOTHER'S MAIDEN NAME (Unknown)	
14. NAME OF HUSBAND OR WIFE <u>Theodore Brueggeman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>32-1256-07</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Brueggeman</u>		ADDRESS <u>510 W 10th</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Scrubbed by affidavit 4/6/58</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Scrubbed by affidavit 4/6/58</u>		ANTECEDENT CAUSES DUE TO (b) <u>Barbiturate + alcoholic poisoning</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6918	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-26-58 3:25 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>nervous + depressed, apparently took Barbiturate + alcohol</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>Dw C Soellky 4, deputy coroner</u> (Degree or title)		23b. ADDRESS <u>6627 Park St S Cass</u>		23c. DATE SIGNED <u>3-27-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kans. City Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-28-58</u>		REGISTRAR'S SIGNATURE <u>neva Marshall</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>B.E. Weidert</u>		ADDRESS <u>K.C., Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 *B. E. Willett*

Licensed Embalmer No. *407*

P. O. Address *R.C. 87*

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.