

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015420

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 311 Primary Registration District No. 652 Registrar's No. 16

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. CLAIR</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u> | | c. CITY OR TOWN <u>Appleton City</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If outside, give location) <u>25 yr.</u> | |

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| 3. NAME OF DECEASED (Type or print) <u>ALBERT NICHOLAS BROWNSBERGER</u> | | | 4. DATE OF DEATH <u>May 9-58</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>Apr. 26-89</u> | | 9. AGE (In years last birthday) <u>69</u> | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Montrose, Mo.</u> | |
| 13. FATHER'S NAME <u>Henry Brownsberger</u> | | | 14. MOTHER'S MAIDEN NAME <u>Theresa Gunther</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>500-26-5372</u> | | 17. INFORMANT <u>Age Brownsberger, City, Mo.</u> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction, acute</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>None</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Coronary Arteriosclerosis</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | DUE TO (c) <u>4201</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |

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|---|--|---|--|--|-----------------------------------|
| 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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u> | | | | | |
| 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 | |
| 21. I attended the deceased from <u>seen after death</u> to <u> </u> and last saw her/him alive on <u> </u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>W. J. Ellett</u> (Degree or title) | | | 22b. ADDRESS <u>Appleton City</u> | | 22c. DATE SIGNED <u>11 May 58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>5-12-58</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Appleton</u> | |
| 23d. LOCATION (City, town, or county) <u>Appleton City, Mo.</u> | | (State) | | | |

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|---|--|--|--|--|--|
| 24. FUNERAL DIRECTOR <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>May 12, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Chas. Abney</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
 0930
 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 8 1958

MS MAR 21 1959

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 *Oscar Pollock*

Licensed Embalmer No. 394

P. O. Address *Byplata*

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