Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000526
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN Carrollton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Brockman Rest Home — Length of stay in 1b 6 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Norborne — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: John Middle: Ernest Last: Brenneman

4. DATE OF DEATH Month Day Year: Jan. 18, 1959

5. SEX: Male c

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]

8. DATE OF BIRTH: May 31, 1876

9. AGE (In years last birthday): 82 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Carroll County 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry C. Brenneman

13b. MOTHER'S MAIDEN NAME: Elizabeth Witcher

14. NAME OF HUSBAND OR WIFE: Anna Peeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-42-1329

17. INFORMANT Henry Brenneman Address Norborne, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr
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): Generalized osteoarthritis 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Nov 1, 1958, to Jan 18, 1959 and last saw her/him alive on Jan. 18, 1959
Death occurred at 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John H Platz (Degree or title) MD C

22b. ADDRESS Carrollton, Mo

22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 21, 1959

23c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery

23d. LOCATION (City, town, or county) (State): Norborne Missouri

24. FUNERAL DIRECTOR: Deitch Funeral Home ADDRESS Norborne, Mo.

25. DATE RECD. BY LOCAL REG.: 1-21-59

26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, M

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.