

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022360

8 FILED JUL 7 1959 274

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 224

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY PETTIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		a. STATE MISSOURI b. COUNTY PETTIS		c. CITY OR TOWN Sedalia, Missouri	
Length of stay in lb 17 hours		c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 416 E. 2nd St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print)		First CECELIA Middle BRUEHL Last BRUEHL		4. DATE OF DEATH June 28, 1959	
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 5/11/1913	
9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		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) Oswego, Kansas		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Ruttgen	
13b. MOTHER'S MAIDEN NAME Eva M. Ahern		14. NAME OF HUSBAND OR WIFE John Bruehl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT John Bruehl, Sedalia, 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) Ac. Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 6 days	
DUE TO (b) Convolutions due to brain edema.		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mild interstitial nephritis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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 6-18-59 to 6-28-59 and last saw her alive on 6-28-59		Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. H. Boyer M.D.		22b. ADDRESS Sedalia, Mo.	
22c. DATE SIGNED 6/30/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) Sedalia, Missouri		24. FUNERAL DIRECTOR Ernie Ewing		ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 6-30-1959	
26. REGISTRAR'S SIGNATURE Frances Shelby							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1959

AUG 4 1959

FEB 8 1961

JUL 13 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. C. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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