

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-032931

**FILED VS SEP 22 1959**

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 89

STATE FILE NUMBER

DED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1000 Oak St.</u>		d. STREET ADDRESS (If outside, give location) <u>1000 Oak St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) <u>Fred S Brechbuhler</u>			<b>4. DATE OF DEATH</b> Month <u>Sept.</u> Day <u>15</u> Year <u>1959</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-7-1875</u>	<b>9. AGE</b> (last birthday) <u>83</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>	<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>Farmer Retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Switzerland</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>Fredrick Brechbuhler</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Frana Nieweler</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Francis Brechbuhler</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>  </u>	<b>17. INFORMANT</b> <u>Francis Brechbuhler</u> Address <u>Aurora, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Renal atherosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)
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<b>20f. CITY, TOWN, OR LOCATION</b> <u>  </u>	<b>20g. COUNTY</b> <u>  </u>	<b>20h. STATE</b> <u>  </u>
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21. I attended the deceased from August 1952 to September 13, 1959 and last saw him alive on September 13, 1959.  
 Death occurred at 8:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Jennett L. Kelsoy M.D.</u>	<b>22b. ADDRESS</b> <u>Aurora Mo</u>	<b>22c. DATE SIGNED</b> <u>Sept 17, 1959</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>9-18-1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Park</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Aurora Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Edward S. Marsh</u> ADDRESS <u>Aurora, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-18-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Thomas C. Dunder</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

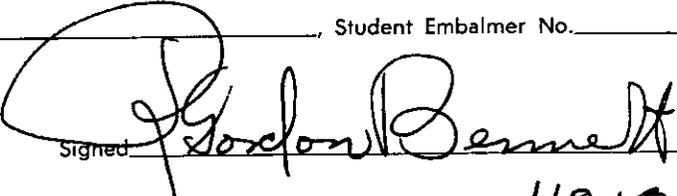
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4213

P. O. Address Monett,

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.