

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006068

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 62

AMENDED

FILED VS FEB 27 1961

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Length of stay in lb <u>16yrs</u> | c. CITY OR TOWN <u>Sedalia</u> 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>Bothwell Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>905 So. Quincey</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>Brosch</u> Last <u>Brosch</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1961</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-1-1891</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 9. AGE (last birthday) <u>89</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Benton Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Wenzel Straka</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Schuber</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wenzel John Brosch</u> Address <u>608 W. 2nd Sedalia</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Frank Brosch</u> | |
| 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>Acute Cardiac decompensation</u> DUE TO (b) <u>Cardio vascular disease, chronic</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Arteriosclerosis</u> | | | 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 type="checkbox"/> | 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> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>1952</u> , to <u>2-20-61</u> and last saw <u>her</u> alive on <u>2-20-61</u> Death occurred at <u>4:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>W. W. Beckmeyer M.D.</u> | | 22b. ADDRESS <u>500 West 16th, Sedalia, Mo.</u> | |
| 22c. DATE SIGNED <u>2-21-61</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-22-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | 23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> |
| 24. FUNERAL DIRECTOR <u>McLaughlin Bros Sedalia</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-23-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FORM 1007 BY 634

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 K.P. McLaughry

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

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.