

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024742
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 700 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in lb 11 Days	c. CITY OR TOWN Mt. Vernon	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS' MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) Route 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANNA Middle MARGARETT Last BREKENFELD			4. DATE OF DEATH Month July Day 30 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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) Mt. Vernon, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Noah Randall		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----		
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 Address Mrs. John E. Mc Afee Rt 1 Mt. Vernon, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary Paralysis			7 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombotic Encephalomalacid		9 Days
	DUE TO (c) General Arteriosclerosis.		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intratrochanteric Fracture of femur			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? NO	20a. ACCIDENT <input checked="" 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.) Fell out of chair.	
20c. TIME OF INJURY 3:30 p.m.	Month, Day, Year July 19, 1961		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Mt. Vernon,	COUNTY Lawrence STATE Missouri
21. I attended the deceased from 7/19/61 to 7/30/61 and last saw her/him alive on 6:15 P.M. 7/30/61 Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Harry R. Agnew, D.O.	22b. ADDRESS 700 East Sunshine Springfield, Missouri	22c. DATE SIGNED 7/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 1, 1961	23c. NAME OF CEMETERY OR CREMATORY Greenlawn
24. FUNERAL DIRECTOR Jewell E. Windle 630 St. Louis Spfd, Mo.	25. DATE RECD. BY LOCAL REG. 8-2-61	26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard J. Wright

Licensed Embalmer No. 4293

P.O. Address Springfield

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.