

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006119

AMENDED

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 20

STATE FILE NUMBER

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hermann</u>		c. CITY OR TOWN <u>New Haven</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frene Valley Nurs. Home</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> ☒ <u>No</u> ☐	
3. NAME OF DECEASED (Type or print) First <u>Frances</u> Middle <u>Breckenkamp</u> Last <u>Breckenkamp</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>11-1-1876</u>
9. AGE (last birthday) <u>85</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>5</u> Days <u>23</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Maker</u>	
11. BIRTHPLACE (City and state or country) <u>Detmold Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Vost</u>		13b. MOTHER'S MAIDEN NAME <u>Whilmena Sprick</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Ed. Pehle New Haven Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Ed. Pehle New Haven Mo.</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>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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 <u>New Haven Mo.</u>	
20g. COUNTY <u>New Haven Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>2-20-62</u> to <u>2-24-62</u> and last saw her/him alive on <u>2-24-62</u> Death occurred at <u>12:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George M. Workman M.D.</u>		22b. ADDRESS <u>HERMANN, MO</u>	
22c. DATE SIGNED <u>2-26-62</u>		22d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-27-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Haven Cemetery</u>	
23d. FUNERAL DIRECTOR <u>L. C. Fertig & Son New Haven Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>2-26-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>		23g. ADDRESS <u>New Haven Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Carl C. Lentz

Licensed Embalmer No. 3385

P. O. Address New Haven

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.