

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3623

Registrar's No.

308

62-045657
STATE FILE NUMBER

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

7 months

c. FULL NAME OF (if NOT in hospital, give location)

Wetzel Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Johnson

c. CITY OR TOWN

Leawood

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8004 Ensley Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

ELLA

First

F.

Middle

BRERETON

Last

4. DATE OF DEATH

Month

Day

Year

December 17, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

8/4/69

9. AGE (last birthday)

93

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HR

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Pettis County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Larkin Ferguson

13b. MOTHER'S MAIDEN NAME

Lutitia Wright

14. NAME OF HUSBAND OR WIFE

Daniel L. Brereton

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

Mrs. R.R. Rumans, 722 East Clinton Clinton, 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)

transition & debility

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Senile cerebral arterial sclerosis

10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

fracture of hip operated.

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

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

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.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from

Sept 1962

to death

and last saw her alive on

12-17-62

Death occurred at

4:50 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. R. Wetzel, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/19/62

23c. NAME OF CEMETERY OR CREMATORY

Salem Cemetery

23d. LOCATION (City, town, or county)

Rural Pettis County, Mo.

24. GENERAL DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 19, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

AMENDED

DO NOT WRITE ON THIS STUB

Rev. 4/59

VS 300

6425

23150

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9334XF

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13

JUL 10 1961

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 Shane Ewing

Licensed Embalmer No. 3597

P. O. Address Bedford, Va.

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.

Permit Obtained

12/19/62
171.5