

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4163

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>5152</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Caldwell</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Caldwell</u>		admission) <u>13</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant Township</u>		<u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) <u>Henry</u>	b. (Middle) _____	c. (Last) <u>Breuer</u>	DATE OF DEATH	<u>2</u>	<u>2</u>	<u>1949</u>	
6. SEX <u>male</u>	7. COLOR OR RACE <u>white</u>	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	9. DATE OF BIRTH <u>12-13-1859</u>	10. AGE (In years last birthday) <u>89</u>	11. IF UNDER 1 YEAR Months _____ Days _____	12. IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Polo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Breuer</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Coffman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Breuer</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary E. Breuer, Polo, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>				<u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>6 days</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral Hemorrhage left side</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-10</u> , 19 <u>47</u> , to <u>2-2</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>48</u> , and that death occurred at <u>1-30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Clifton M.D.</u>				23b. ADDRESS <u>Polo, Mo.</u>		23c. DATE SIGNED <u>2-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bural</u>		24b. DATE <u>2-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingston Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 5 1949</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u>		ADDRESS <u>Kingston, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Lester Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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 this body is not embalmed, fact should be so stated above.