

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37953

State File No.

BIRTH NO. 77692-57 REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

0540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Odesse mo</u>	c. LENGTH OF STAY (If in this place) <u>10 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WE Martin office</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1 0540</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda Diane</u> b. (Middle) <u>Breuer</u> c. (Last) <u>Breuer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 22-1951</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>11-21-51</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>	11. BIRTHPLACE (State or foreign country) <u>Odesse Lafayette mo</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Russell Alped Breuer</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Jennie Croy</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Russell A. Breuer</u> ADDRESS <u>Wellington mo</u>

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Birth injury</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Precipitate delivery</u> DUE TO (c) <u>Cerebral hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NI</u>	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)	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 11-21-1951, to 11-22-1951, that I last saw the deceased alive on 11-22-1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>WE Martin MD</u> (Degree or title)	23b. ADDRESS <u>Odesse mo</u>	23c. DATE SIGNED <u>11-22-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>
24d. LOCATION (City, town, or county) <u>4-South-Napoleon, Mo</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>J. Clair Sheppard</u>	24f. ADDRESS <u>Wellington, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-22-51</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u> 453	

RECEIVED DEC 4 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 4 1951

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 J. Clair Shppard
Licensed Embalmer No. 4179

P. O. Address Wilmington, 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.