

FILED FEB 1 1953  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1171

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - LINCOLN TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CULLERS HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7 D # 1 Shepherd 0400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIA</u> b. (Middle) <u>WOLZ</u> c. (Last) <u>BREID</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>JAN. 3. 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>-</u> DAYS <u>21</u> HOURS <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co - Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>GEO WOLZ</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha ANN EVANS</u>		14. NAME OF HUSBAND OR WIFE <u>JACOB BREID</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jacob Breid</u> ADDRESS <u>Shepherd Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>260X</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Arthritis</u>		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 Jan 15, 1952, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. H. Cullers M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>1-24-1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Elm Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>J. J. J. J.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norris Blackman</u> ADDRESS <u>Trenton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02

AUG 23 1955

AUG 31 1961

FEB 5 1957

MAY 20 1957

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.