

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21002**

FILED JUN 25 1953

BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **5272** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY CHRISTIAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHRISTIAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POLK		c. LENGTH OF STAY (In this place) 53 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POLK		d. STREET ADDRESS (If rural, give location) RT. #2, BILLINGS
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			4. DATE OF DEATH (Month) (Day) (Year) JUNE 7-1953		
3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle) K.	c. (Last) BREIER	5. SEX FEMALE	
6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 12-1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) WESTPHALIA- IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HERMAN ASSENMACHER		13b. MOTHER'S MAIDEN NAME KATE FEHRING		14. NAME OF HUSBAND OR WIFE JOE F. BREIER	
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'S SIGNATURE OR NAME ADDRESS JOE F. BREIER, RT. #2, BILLINGS, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 Hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				
	DUE TO (c)				
	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 331X				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) (Min.)	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 June , 19 51 , to June , 19 53 , that I last saw the deceased alive on 1 May , 19 53 , and that death occurred at 5:45A m., from the causes and on the date stated above.					
23a. SIGNATURE Karl J. Leidinger M.D.		23b. ADDRESS Republic, MO.		23c. DATE SIGNED 6-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 9-1953	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S CATHOLIC	24d. LOCATION (City, town, or county) (State) BILLINGS, MISSOURI		
DATE REC'D BY LOCAL REG. 6-9-53	REGISTRAR'S SIGNATURE Alvin Deier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris, Clever, Mo.		

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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.