

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25863

State File No.

FILED JUL 22 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>666 Salem Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OSCAR</u>	b. (Middle) <u>BERNARD</u>	c. (Last) <u>BREUER</u>	4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>12</u>	(Year) <u>1953</u>
-------------------------------------	-------------------------	----------------------------	-------------------------	------------------	---------------------	-----------------	--------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>Oct. 17, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Phelps County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Charles Breuer</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Matlock</u>	14. NAME OF HUSBAND OR WIFE <u>Ida M. Johnson Breuer</u>
--	--	--

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>Mrs. Ida M. Breuer</u>	ADDRESS <u>666 Salem, Rolla, Mo.</u>
--	-------------------------------------	---	--------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerosis</u> DUE TO (c) <u>obesity</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>331 X</u>	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 7-9, 1953, to 7-12, 1953, that I last saw the deceased alive on 7-12, 1953, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. T. R. ...</u>	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>7/13/53</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>July 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Holloway</u>	ADDRESS <u>1100 Elm, Rolla, Mo.</u>
---	--	--	-------------------------------------

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

10-300
10-48

JUL 27 1953

Date Filed 2-21-53

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. H. Hallow*

Licensed Embalmer No. 3643

P. O. Address Peoria, 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.