

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2203

State File No.

FILED FEB 2 1954

BIRTH NO. REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Folk, Mo.	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Folk, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jackson Township		e. STREET ADDRESS (If rural, give location) Jackson Township 0760	

3. NAME OF DECEASED (Type or Print) a. (First) Antonia	b. (Middle)	c. (Last) Brester	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 20, 1884	9. AGE (In years last birthday) 89	10. UNDER 1 YEAR Months 3	11. UNDER 14 HRS. Days 23
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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 (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Rotter	13b. MOTHER'S MAIDEN NAME Ann Wolf	14. NAME OF HUSBAND OR WIFE John Brester
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Art Cassmeyer	ADDRESS Folk, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Brain		24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastasis from right axillary lymph nodes	6 mos.
		DUE TO (c) Primary site on Right hand	3 yrs
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	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)
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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?
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22. I hereby certify that I attended the deceased from Sept 10, 1953, to Jan 9, 1954, that I last saw the deceased alive on Jan 9, 1954, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Moore D.O.	(Degree or title)	23b. ADDRESS Argyle, Mo	23c. DATE SIGNED Jan. 15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 16, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Anthony	24d. LOCATION (City, town, or county) (State) Folk, Mo.
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE Rose Rowan 236-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dull J. C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 15 1954

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.....
Signature of Student Embalmer

Signed.....
Sylvester Dulle

Licensed Embalmer No. *43*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.