

FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5611**BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Moniteau 06810			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. LENGTH OF STAY (in this place) 28 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Walker 0680		d. STREET ADDRESS (If rural, give location) 2 1/2 mile S.W. of McBrink
d. FULL NAME OF HOSPITAL OR INSTITUTION Lathan Sanitarium			4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1955		
3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) GEORGE c. (Last) BREHMEYER			4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1955		
5. SEX Mal	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 23, 1880		9. AGE (In years last birthday) Months Days 74 8 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine		10b. KIND OF BUSINESS OR INDUSTRY saw mill	11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Karl Friedrich Brehmeyer		13b. MOTHER'S MAIDEN NAME Charitelle Trepner		14. NAME OF HUSBAND OR WIFE	
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. 495-30-3443	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elda Callman California 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION f221			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) 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 13, 1954 , to Feb 28, 1955 , that I last saw the deceased alive on Feb 28, 1955 , and that death occurred at 10th P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Kerison Latham MD (Degree or title)			23b. ADDRESS California Mo.		23c. DATE SIGNED 2-2-55
24a. BURIAL CREMATION, REMOVAL (Specify) rural	24b. DATE 3-3-1955	24c. NAME OF CEMETERY OR CREMATORY Salem Evangelical	24d. LOCATION (City, town, or county) (State) McBrink Mo		
DATE REC'D BY LOCAL REG. 3/5/55		REGISTRAR'S SIGNATURE Helen L Popyoy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. E. Wilson California Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

071 87 278

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.