

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11281

State File No.

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>0170</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> <u>0170</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Norborne</u> <u>1</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>80 Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I04. Locust Street,</u>		d. STREET ADDRESS (If rural, give location) <u>I04. Locust Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Bruemmer,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>April 15, 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Leimkuehler.</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Bruemmer, Deceased</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary H. Bruemmer</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>2 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Drapay</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Irregularity of heart</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 May, 1950, to 5-5, 1955, that I last saw the deceased alive on May 5, 1955, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Smith</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>5-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Luthern Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>May 8-1955</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u> <u>46-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Dettich</u> ADDRESS <u>Norborne Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norbone 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.