

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

STATE NUMBER 8647

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN HERMANN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		d. STREET ADDRESS RFD-	
3. NAME OF DECEASED (Type or print) JOSEPHINE PARALEE BREUER		4. DATE OF DEATH APRIL 8 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 17 - 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) SAFE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME CARL KRAGLE		14. MOTHER'S MAIDEN NAME RAWENA HAWKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-36-6346	
17. INFORMANT R. A. BREUER		Address HERMANN MO	
18. CAUSE OF DEATH [Enter only one cause pending for (a), (b), and (c). - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the uterus			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 180X	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____ STATE _____	
21. I attended the deceased from 2-1-54 to 4-8-56 and last saw her ^{her} _{born} alive on 4-8-56 Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George H. Workman, M.D. by E.T. Shaw, MD		22b. ADDRESS Hermann, Mo	
22c. DATE SIGNED 4-8-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-10-56	
23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY		23d. LOCATION (City, town, or county) (State) HERMANN MO	
24. FUNERAL DIRECTOR HUGO H. Blumer		25. DATE RECD. BY LOCAL REG. 4/10/56	
ADDRESS HERMANN MO		26. REGISTRAR'S SIGNATURE F. J. Sudmann	

MEDICAL CERTIFICATION

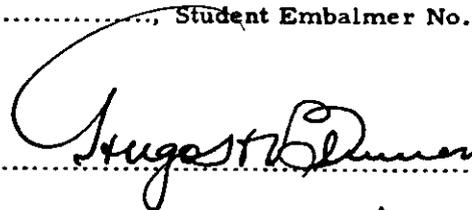
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.