

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029664

STATE FILE NUMBER

FILED AUG 20 1958

Registration District No.

207

Primary Registration District No.

Registrar's No.

19

1. PLACE OF DEATH

a. COUNTY

Maries

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Rural North Miller

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN Rural North Miller

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Length of stay in lb

d. STREET ADDRESS

0630 (If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Elizabeth

Ann

Bremer

4. DATE OF DEATH

Month

Day

Year

8

13

1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

8/10/1878

9. AGE (In years last birthday) 80

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)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Brinktown, Missouri

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13a. FATHER'S NAME

Martin Traister

13b. MOTHER'S MAIDEN NAME

Telitha Williams

14. NAME OF HUSBAND OR WIFE

John Bremer

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

Address

Mrs. Sadie Crisman, Meta, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4201

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 ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1958 to Aug. 13 '58 and last saw her alive on Aug. 13 1958

Death occurred at 3:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

K. W. Milligan, M.D.

22b. ADDRESS

Dixon, Mo.

22c. DATE SIGNED

8-15-1958

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/16/1958

23c. NAME OF CEMETERY OR CREMATORY

Hughes Chapel

23d. LOCATION (City, town, or county)

Maries County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gilbert Funeral Home, Inc. Dixon, Missouri

25. DATE RECD. BY LOCAL REG.

August 18, 1958

26. REGISTRAR'S SIGNATURE

A. C. Haybelle White

8561 28 5h4

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 *Maurice E. Scherbaum*

Licensed Embalmer No. *4505*

P. O. Address.....*Dixon, Missouri*

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.