

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959

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STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 349

ENDED

|   |   |   |  |   |   |  |  |  |  |
|---|---|---|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |   |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jefferson City</u>  |   | Length of stay in 1b  |  | c. CITY OR TOWN <u>Jefferson City</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>1407 Monroe</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>HENRY</u> Middle <u>LEE</u> Last <u>BREMERKAMP</u>   |   |   |  | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>16</u> Year <u>1959</u>  |   |  |  |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>5-11-1903</u>  | 9. AGE (last birthday)<br><u>56</u>                                 | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>5</u> Hours <u></u> Min. <u></u>          |  | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Watchman at Oberman Manufacturing Company</u>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cole Co., Mo.</u>                            |   | 11. BIRTHPLACE (City and state or country)<br><u>USA</u>            |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |  |
| 13a. FATHER'S NAME<br><u>Richard H. Bremerkamp</u>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Jones</u>                                       |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Sarah Stocksdale Bremerkamp</u>                    |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>490-09-9035</u>   |  | 17. INFORMANT<br><u>Mrs. Elliott Alberts Cedar City, Mo.</u>  |   | Address  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u>   |   |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Generalized Carcinomatous</u>   |   |   |  |   |   |  |  |  |  |
| DUE TO (c) <u>Carcinoma of Lung</u>   |   |   |  |   |   |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Mitotic Compression Fracture 3<sup>rd</sup> Lumbar Vert</u>   |   |   |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)  |   |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u>   |   | Month, Day, Year  |  |   |   |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 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 <u>Oct 31 59</u> to <u>Dec 16 59</u> and last saw <sup>him</sup> <del>her</del> alive on <u>Dec 16 59</u><br>Death occurred at: <u>Dec 16 59 10:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |   |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u> Eugene E. Traubert</u>  |   |   |  | 22b. ADDRESS<br><u>Jefferson City MO</u>  |   |  |  | 22c. DATE SIGNED<br><u>Dec 16 59</u>         |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>Dec. 18, 1959</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Pleasant Cemetery</u>                   |   | 23d. LOCATION (City, town, or county)<br><u>Boone Co., Mo.</u>      |  |  |  |  |
| 24. FUNERAL DIRECTOR<br><u>Victor Buescher</u>  |   | ADDRESS<br><u>Jefferson City, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>17 December 1959</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>R.P. Norris, Md. Richter, Dep.</u>                   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 3 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Victor Bue...

Licensed Embalmer No. 31

P. O. Address Ja

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.