

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018516

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 114

AMENDED

FILED MAY 24 1961

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps, Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> | | c. CITY OR TOWN <u>St. James</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>309 W Hardy</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Franklin</u> Last <u>Breuer</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1961</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/24/1882</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u> | 11. BIRTHPLACE (City and state or country) <u>Phelps Co, Missouri</u> |
| 13a. FATHER'S NAME <u>Paul Breuer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Alice</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Alice Breuer</u> Address <u>309 W. Hardy St. James, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| DUE TO (b) <u>old myo cardiac hypertrophy</u> | | | <u>1 1/2 yr</u> |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>chronic cholelithiasis</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>10:45</u> p.m. | 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>March 1960</u> to <u>May 16, 1961</u> and last saw her alive on <u>May 16, 1961</u> Death occurred at <u>10:45</u> <u>7</u> m on (the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE <u>James J. Butts M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Rolla, Missouri</u> | 22c. DATE SIGNED <u>5/18/61</u> |
| 23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Burial</u> | 23b. DATE <u>5/20/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Phelps Co. Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Jesse Gahr - St James, Mo.</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>May 18, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 31 1967

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, M

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.