SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022087
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 204

FILED JUL 6 1961

1. PLACE OF DEATH
a. COUNTY Pettis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia, Mo. Length of stay in 1b 1-Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ~~OR INSTITUTION~~ Bothwell Hospital Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pettis
c. CITY OR TOWN Smithton, Mo. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Washington Avenue Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Frank Middle Aubrey Last Bremer
4. DATE OF DEATH Month June Day 25 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 10-12-1884
9. AGE (last birthday) 76 IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager
10b. KIND OF BUSINESS OR INDUSTRY Butter-Mfg.
11. BIRTHPLACE (City and state or country) Florence-Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Deidrick Bremer
13b. MOTHER'S MAIDEN NAME Bettie Wilkerson
14. NAME OF HUSBAND OR WIFE Mrs. Reva Johnson Bremer Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
17. INFORMANT Mr. Frank J. Bremer Address 900 E. 14 - Sedalia Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion & Myocardial infarction Curved
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Arteriosclerotic C V Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 WORK ☐ 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 22 June 61, to 25 June 61 and last saw ~~her~~ him alive on 25 June 61
Death occurred at 10:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P V Siegel MD
22b. ADDRESS Smithton, Mo.
22c. DATE SIGNED 6/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-27-1961
23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery
23d. LOCATION (City, town, or county) (State) Smithton-Pettis-Mo.
24. FUNERAL DIRECTOR Neumeyer ADDRESS Funeral Home-Smithton Mo.
25. DATE RECD. BY LOCAL REG. 6-27-1961
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF
MEDICAL CERTIFICATION

JUL 7 1961

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_____ Signed Richard D. Conn
Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Tipton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.