

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028857

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 92

FILED AUG 31 1961

1. PLACE OF DEATH

a. COUNTY **Gasconade**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Boulware Twp.**

Length of stay in 1b
6 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Farm Home**

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Gasconade**

c. CITY OR TOWN **Owensville** Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) **Rural Route** Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Flora Rebecca Brehe

4. DATE OF DEATH
Month Day Year
Aug. 24, 1961

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-21-1901

9. AGE (last birthday)
60

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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
housekeeping

11. BIRTHPLACE (City and state or country)
Drake, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Conrad Brehe

13b. MOTHER'S MAIDEN NAME

Rebecca Buschmann

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
no

16. SOCIAL SECURITY NO.
489-48-6710

17. INFORMANT

Address

Theodore Brehe Hermann, Mo. Rt.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of Colon

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

DUE TO (b)

with Generalized Metastasis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 Month, Day, Year
a.m. p.m.

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 **1951** to **present** and last saw him alive on **8/19/61**.
Death occurred at **2:15 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Shea M.D.

22b. ADDRESS

Lerald. Mo

22c. DATE SIGNED

8/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
8-28-1961

23c. NAME OF CEMETERY OR CREMATORY
St. Pauls R & R Cem.

23d. LOCATION (City, town, or county) (State)
Bay, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home Owensville, Mo.

25. DATE RECD. BY LOCAL REG.

8-27-61

26. REGISTRAR'S SIGNATURE

Delmar Uffelman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Me*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Welford H H White*

Licensed Embalmer No. 3838

P. O. Address OWEN SUILL

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.