

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036215

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 61Primary Registration District No. 407Registrar's No. 20

STATE FILE NUMBER

OCT 17 1961

1. PLACE OF DEATH

a. COUNTY

Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Elkhart Springs

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cedar Co. Memorial Hospital

Inside Limits

No ☐

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

a. STATE

Kansas

b. COUNTY

Morton

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Morton

d. STREET

ADDRESS

(If outside, give location)

307 South 2nd St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

GEORGEM.BREINER

4. DATE

Month

Day

Year

OF

DEATH

Oct10-1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

4-19-1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM MACHINERY

11. BIRTHPLACE (City and state or country)

KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

PETER BREINER

13b. MOTHER'S MAIDEN NAME

DENA FRESCHMYER

14. NAME OF HUSBAND OR WIFE

Emmaline

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.

YES

17. INFORMANT

Address

Viktor BREINER, Morton, Kansas

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive crushing chest injury

DUE TO (b)

Automobile accident

DUE TO (c)

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

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)

fracture rt. patella

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.)

Head on auto collision

20c. TIME OF INJURY

Hour

a.m.

p.m.

4:0010-9-6110-9-6120d. 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.)

Highway

20f. CITY, TOWN, OR LOCATION

Dedrick

COUNTY

Vernon

STATE

MO.

21. I attended the deceased from

10-9-61to 10-10-61and last saw him alive on 10-10-61Death occurred at 4:05P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Magee M.D.

22b. ADDRESS

Elkhart Springs Mo

22c. DATE SIGNED

10-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

Oct 10, 1961

23c. NAME OF CEMETERY OR CREMATORY

Morton Cemetery

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

Morton Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ferry Funeral Home, Nevada, Mo Oct 10, 1961

25. DATE RECD. BY LOCAL REG.

Oct 10, 1961

26. REGISTRAR'S SIGNATURE

Dave Grant

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 5052

P. O. Address Nevada 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.