

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044889

Registration District No. 254 Primary Registration District No. 3052 Registrar's No. 407

STATE FILE NUMBER

FILED DEC 6 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		Length of stay in 1b 1 day		c. CITY OR TOWN Florence	
c. FULL NAME OF (If NOT in hospital, give location) Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First EDWIN		Month November		Male	
Middle HENRY		Day 30		6. COLOR OR RACE White	
Last BREMER		Year 1963		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 1-22-02		9. AGE (last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	
10b. KIND OF BUSINESS OR INDUSTRY Pipe Line		11. BIRTHPLACE (City and state or country) Florence, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William D. Bremer		13b. MOTHER'S MAIDEN NAME Lula Rodenbach		14. NAME OF HUSBAND OR WIFE Helen A. Bremer	
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. [Redacted]		17. INFORMANT Address Helen A. Bremer, Florence, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				INTERVAL BETWEEN ONSET AND DEATH 4 mon.	
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 a.m. 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 1955 to 11/30/63 and last saw him ^{from} alive on 11/30/63 Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Alvin L. Lowe MD		22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 12/2/63	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 12-2-63		23c. NAME OF CEMETERY OR CREMATORY Church	
23d. LOCATION (City, town, or county) Florence, Missouri		25. DATE RECD. BY LOCAL REG. Dec. 2, 1963		26. REGISTRAR'S SIGNATURE Frances Shelby Per H. Anderson	
24. FUNERAL DIRECTOR D. W. Heckart, Gillespie Funeral Home		ADDRESS Sedalia, Mo			

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

02410-012

DEC 9 1981

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STATEMENT BY LICENSED EMBALMER

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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 John R. Turner

Licensed Embalmer No. 5173

P. O. Address Seale, Ms.

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.

50-2-21

THE MISSISSIPPI BOARD OF EMBALMERS