

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 36516BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Westphalia</u> <u>0760</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RAH3 Liberty Township</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>STEPHAN</u>	b. (Middle) <u>BRESTER</u>	c. (Last)	(Month) <u>Dec.</u>	(Day) <u>7</u>	(Year) <u>1950</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 16, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Days <u>18</u>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seaman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Westphalia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Brestor</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Tappel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Ma. L. Brestor</u>	ADDRESS <u>Westphalia, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Mediastinal glands</u> DUE TO (c) <u>obstruction of</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>esophagus</u>		<u>164X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>(Primary not found)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-7 1950, to 12-4, 1950 that I last saw the deceased alive on 12-1, 1950, and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Osburn MD</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>12/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 6-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - R.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>Jefferson City, Mo</u>
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(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed. 12-11-50 _____

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 _____

Donan K. James

Student Embalmer No. *374*

working under my personal supervision.

Student *Donan K. James*.....
Student Embalmer

Signed _____

Sylvester Dulle

Licensed Embalmer No. *4321*

P. O. Address _____

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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