

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4305**

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5278** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0230	
c. LENGTH OF STAY (in this place) 2 Months		d. STREET ADDRESS (If rural, give location) Jackson Trwp. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) _____ c. (Last) Breuer			4. DATE OF DEATH (Month) (Day) (Year) 2-1-1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr 28-1874		9. AGE (in years last birthday) 77		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ferdinand Breuer		13b. MOTHER'S MAIDEN NAME Magdalene Stockland	
14. NAME OF HUSBAND OR WIFE Philipine Silver		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME W. H. Hoewing		18. ADDRESS Kahoka Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC ADENOCARCINOMA.		INTERVAL BETWEEN ONSET AND DEATH 5 1/2	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **9-1-1951**, to **2-1-1952**, that I last saw the deceased alive on **2-1-1952**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE A. H. Channing (Degree or title)		23b. ADDRESS Kahoka Mo		23c. DATE SIGNED 2-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-1952		24c. NAME OF CEMETERY OR CREMATORY Fraser Cemetery	
24d. LOCATION (City, town, or county) (State) Near Wayland. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Hall		ADDRESS Kahoka Mo.	
DATE REC'D BY LOCAL REG. 2/8-52		REGISTRAR'S SIGNATURE J. H. Bridges		6190	

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

0230
#m

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
Student Embalmer

Signed *Fred J Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kahoka 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 this body is not embalmed, fact should be so stated above.