

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11874**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4218</b>		Registrar's No. <b>2</b>			
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Benton</b>					
b. CITY (If outside corporate limits) write RURAL and give township) <b>Windsor</b>		c. LENGTH OF STAY (If in place) <b>30 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Williams twp. 0080</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi S.W. of Cole Camp</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hosp</b>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <b>William</b>			a. (First) <b>William</b>		b. (Middle) <b>O.</b>		c. (Last) <b>Bremer</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>April 3 1954</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Dec 21 1875</b>	
9. AGE (In years, Months, Days) <b>77 3 12</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OR WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frederich Bremer</b>			13b. MOTHER'S MAIDEN NAME <b>Dorothy Holtman</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Merritt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert Bremer</b>				ADDRESS <b>Cocordia Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>chronic Bronchietosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>526X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Jan 14</b> , 19 <b>54</b> , to <b>April 3</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>April 3</b> , 19 <b>54</b> , and that death occurred at <b>10:05 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Charles A. Field, M.D.</b>				23b. ADDRESS <b>Cole Camp, Mo.</b>		23c. DATE SIGNED <b>April 5, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4/6/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trinity</b>		24d. LOCATION (City, town, or county) (State) <b>Cole Camp Mo.</b>			
DATE REC'D BY LOCAL REG. <b>April 11 1954</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold Benz</b>					
				ADDRESS <b>Cole Camp Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 19

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address Cole Camp 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.