

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22752

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon,</u>		c. LENGTH OF STAY (In this place) <u>16 days</u>		c. CITY OR TOWN <u>Granby</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				STREET ADDRESS (If rural, give location) <u>Route 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hubert</u>			b. (Middle)		c. (Last) <u>Breuer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1955</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>March 24, 1886</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner, and Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Gerhard Breuer</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Beechold</u>			14. NAME OF HUSBAND OR WIFE <u>Amanda Breuer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500 -09-3838</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Mo. State San., Mt. Vernon,</u>				ADDRESS	
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) <u>Bronchogenic carcinoma, right lung, with generalized metastasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>	
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 <u>Paroxysmal tachycardia and auricular flutter</u> 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 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) (m.)		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 <u>July 8, 1955</u> , to <u>July 24, 1955</u> , that I last saw the deceased alive on <u>July 24, 1955</u> , and that death occurred at <u>12:08 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John W. Polk, MD</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>			23c. DATE SIGNED <u>7-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Granby, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-25-55</u>		REGISTRAR'S SIGNATURE <u>Cecil Handricks</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Shewmaker</u>		ADDRESS <u>Granby, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Floyd E. Stenmark L.*

Licensed Embalmer No. *492*
P. O. Address *Box 58 Granby,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.