

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37357

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5640</u>		Registrar's No. <u>77</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma, "Rural"-Davis Twp</u>		c. LENGTH OF STAY (in this place) <u>10540</u>		c. CITY OR TOWN <u>Alma</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>Davis Twp.</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>August</u>			b. (Middle) <u>Herman</u>		
			c. (Last) <u>Breder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 19 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>9-2-1882</u>		
						9. AGE (In years last birthday) <u>73</u>		
						IF UNDER 1 YEAR Months <u>2</u> Day <u>17</u>		
						IF UNDER 2 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Breder,</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Kuhlman</u>			14. NAME OF HUSBAND OR WIFE <u>Otilia Breder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otilia Breder</u>				
				ADDRESS <u>Alma, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably pulmonary embolism or coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
				Morbidity 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>This man had a pulmonary embolism 2-3 years ago & has had a decompensated heart since that time</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 <u>No surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In injury</u>		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 <u>after death on Nov 21</u> , 19 <u>55</u> , that I last saw the deceased <u>Dec 11-17</u> , 19 <u>55</u> , and that death occurred at <u>10:15 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Martin M.D. coroner</u>				23b. ADDRESS <u>Odisia Mo</u>		23c. DATE SIGNED <u>11-21-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Petri Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Missou</u>		
DATE REC'D BY LOCAL REG. <u>Nov 23-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton St. Lendrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred N. Bremer</u>		ADDRESS <u>Alma, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Alfred H. Brune*.....

Licensed Embalmer No. 26

P. O. Address Alma, Mo.

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