No. 300
10.48

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13152

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1363

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Freistatt
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): X 055

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Bremer

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 26, 1941
9. AGE (In years last birthday): 14 — 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): student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Freistatt, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Edger F. Bremer
13b. MOTHER'S MAIDEN NAME: Mildred Doss
14. NAME OF HUSBAND/OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: St. Joseph Hospital — **ADDRESS**: K. C. Mo.

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute, Massive Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain Tumor, astrocytoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 193X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☒ NO ☐
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-29, 1956, *to* 3-29, 1956, *that I last saw the deceased alive on* 3-29, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Forsythe (Degree or title) MD — Robert W. Forsythe MD
23b. ADDRESS: 911 Nichols Rd., KC Mo
23c. DATE SIGNED: 4-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 3-30-56
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Monett, Missouri
DATE REC'D BY LOCAL REG.: 3-30-56
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: D. W. Newcomer's Sons 1331 Brush Creek

(Licensed Embalmer's Statement on Reverse Side)

---

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pari Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malignant Glioblastoma

~~DUE TO (c)~~ Left Rolandic Area

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

medical record corrected Dr. 3-30-56

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 1 1956, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Russell W. Kerr MD (Degree or title) — Russell W. Kerr MD
23b. ADDRESS: St Joseph Hospital
23c. DATE SIGNED: 30 Mar 56
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: March 30 1956
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): MONETT MISSOURI
DATE REC'D BY LOCAL REG. — **REGISTRAR'S SIGNATURE** — **FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: 1331 Brush Creek K.C. Mo.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Store

Licensed Embalmer No. 44

P. O. Address K.C. 10

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