

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21632

State File No. ....

FILED JUL 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Rural - Osceola</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Osage River</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1636 Broadway</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emil</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Breiner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June, 30, 1956</u>
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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>Jan, 12, 1916</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>West Frankfort Ill;</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Breiner</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Fahnauer</u>	14. NAME OF HUSBAND OR WIFE <u>Geraldine Breiner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW# 2</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gerald Breiner, Leavensworth Kan.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>                    </u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death by drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>                    </u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>                    </u>		
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 <u>                    </u> <u>                    </u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Osage River, Mo. woods</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola 04.3 St Clair Mo.</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 30 56 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR? <u>Fell from boat</u>
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22. I hereby certify that I attended the deceased from DID NOT, to                     , 1956, that I last saw the deceased alive on                     , and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D.H. Jesler MD</u>	(Degree or title)	23b. ADDRESS <u>Osceola Mo</u>	23c. DATE SIGNED <u>1 July 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/3/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Leavensworth Kansas</u>
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DATE REC'D BY LOCAL REG. <u>7-11-56</u>	REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Madison Funeral Home Osceola Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

288-0

AUG 30 1958

AUG 2 1958

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 *J.B. Banderick*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Osceola Va*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.