

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36693

State File No. ....

FILED NOV 7 - 1956

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Maple</u>		f. STREET ADDRESS (If rural, give location) <u>211 Maple</u>	
3. NAME OF DECEASED a. (First) <u>Clara</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Bremer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 1, 1877</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rhineland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Peter Van Booven</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hoevens</u>	14. NAME OF HUSBAND OR WIFE <u>Martin A. Bremer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Bremer, Slater, Mo.</u>	
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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>10 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Failure</u>		<u>4 days</u>
DUE TO (c) <u>Essential hypertension</u>		<u>12 yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cerebral hemorrhage</u>		<u>3 yr.</u>	
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)	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>June 1949</u> , to <u>Oct. 29, 1956</u> that I last saw the deceased alive on <u>Oct. 27, 1956</u> and that death occurred at <u>4:11</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. McBurney, M.D.</u> (Degree or title)		23b. ADDRESS <u>Slater, Mo.</u>	23c. DATE SIGNED <u>11-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 31, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater city cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-3-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Haines, Funeral Home, Slater, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

292-0

**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 *Walter J. Haines, Jr.* .....

Licensed Embalmer No. *455* .....

P. O. Address *Atlanta* .....

**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.**