

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006111

STATE FILE NUMBER

52

FILED MAR 5 1959

Registration District No. 157

Primary Registration District No. 3028

Registrar's No.

93  
300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1036 Clinton		d. STREET ADDRESS (If outside, give location) 1036 Clinton	
Length of stay in lb 15 Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ruth Williams Breneman			4. DATE OF DEATH Month Day Year Feb. 26, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1893	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Little River, Kans.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Warren Williams	13b. MOTHER'S MAIDEN NAME Mable Siberts	14. NAME OF HUSBAND OR WIFE Elmer Breneman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 515-12-5702	17. INFORMANT Mrs. Eugene Ferris - Carthage, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACIDOSIS		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CIRRHOSIS DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lupus erythematosus, discoid		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 6-18-58 to 2-26-59 and last saw her alive on 2-26-59 Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Fred S. Wilfong, M.D.	22b. ADDRESS Carthage, Missouri	22c. DATE SIGNED 2-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-28-59	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.	23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas
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24. FUNERAL DIRECTOR The Ulmer Funeral Home-Carthage	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

MAR 19 1959

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 *Edwin L. [Signature]*

Licensed Embalmer No. *4955*

P. O. Address *Carthage*

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.