MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024039
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 80

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0735
2 0730
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4 1
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7 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 19 1962

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho — Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sale Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Newton
c. CITY OR TOWN: Granby — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #2 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AMANDA Middle E. Last BREUER
4. DATE OF DEATH: Month June Day 10 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/10/1894
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Johnson Co., Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard Hurn
13b. MOTHER'S MAIDEN NAME: Mary Harris
14. NAME OF HUSBAND OR WIFE: Deceased (Hubert)
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.:
17. INFORMANT: Grace Greer Address: Rt. #3 Neosho, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of stomach — 4 months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5 June 1962 to 10 June 1962 and last saw (her/him) alive on 10 June 1962
Death occurred at 5:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George C. Oliver, MD
22b. ADDRESS: Neosho, Mo
22c. DATE SIGNED: 6-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 12, 1962
23c. NAME OF CEMETERY OR CREMATORY: Granby Memorial Cem.
23d. LOCATION (City, town, or county) (State): Granby, Missouri

24. FUNERAL DIRECTOR: CLARK FUNERAL HOME ADDRESS: Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 6-11-62
26. REGISTRAR'S SIGNATURE: Maydene Belka

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1962

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_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. F056

P. O. Address 312 So. Wood St.

Neosho Mo.

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.