

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038605

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5088 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

Robert A. Moore MEDICAL CERTIFICATION

FILED OCT 19 1962	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI b. COUNTY JACKSON
Length of stay in 1b 6 DAYS	c. CITY OR TOWN HICKMAN MILLS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL	d. STREET ADDRESS (If outside, give location) 10102 HARDESTY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last	
ROBERT LEO BRUEMMER	
4. DATE OF DEATH Month Day Year	
OCTOBER 5th 1962	
5. SEX Male	6. COLOR OR RACE CAUCASIAN
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/21/25
9. AGE (last birthday) 37	
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of year, if retired) I.B.M. OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY K.C POWER & LIGHT CO.
11. BIRTHPLACE (State, Territory, or country) JEFFERSON CITY MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK HENRY BRUEMMER	13b. MOTHER'S MAIDEN NAME MARY EINHOUSE
14. NAME OF HUSBAND OR WIFE MRS. MARGARET F. BRUEMMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	
16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT MARGARET F. BRUEMMER, 10102 HARDESTY, HICKMAN MILLS.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Cerebral Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Subarachnoid Hemorrhage
DUE TO (b)	Ruptured Intracranial Aneurysm
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <input type="checkbox"/>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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 <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	
21. I attended the deceased from Sept. 27-62 to Oct. 5-62 and last saw him live on Oct. 5, 1962	
Death occurred at 6.15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Robert A. Moore M.D.	22b. ADDRESS 106 W. 14th St. K.C. Mo.
22c. DATE SIGNED Oct 7, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 8, 1962
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY MO	25. DATE RECD. BY LOCAL REG. 10-7-62
26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK OR TYPEWRITER RIBBON

DR ROBERT A. MOORE
2011 W 86th St
2 PM

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 *Tom Sawyer*

Licensed Embalmer No. 4915

P. O. Address KC 710

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.