

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002169

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>California</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>4 mi. S.E. California</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>FRED</u> Last <u>BREHMEYER</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>31</u> Year <u>1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 20 1870</u>	9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No</u>		11. BIRTHPLACE (City and state or country) <u>California Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl Brehmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotta Tuepker</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Betti Brehmeyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Mrs Elda Bond</u>		Address <u>Jefferson City Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 years</u>	
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.) <u>"</u>				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Feb 6, 1954</u> to <u>Jan 31, 1959</u> and last saw him alive on <u>Jan 28, 1959</u> Death occurred at <u>CA</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Kennyon Latham M.D.</u>				22b. ADDRESS <u>California, Mo.</u>		22c. DATE SIGNED <u>1-31-59</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb-1-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelical</u>		23d. LOCATION (City, town, or county) (State) <u>California "Rural" Mo</u>		
24. FUNERAL DIRECTOR <u>Hugh E. Hillman</u>			ADDRESS <u>California Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-2-59</u>		26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Hugh E. Williams*

Licensed Embalmer No... *2527*...

P. O. Address... *California*...

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.