

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15794

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL West Peculiar</u>	c. LENGTH OF STAY (In this place) <u>44</u>	c. CITY OR TOWN <u>Peculiar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles n.w. Reculiar</u>		STREET ADDRESS (If rural, give location) <u>2 miles n.w. town</u> <u>9190</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FREDRICK</u>	b. (Middle) <u>NEWTON</u>	c. (Last) <u>BREMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-9-1895</u>	9. AGE (In years last birthday) <u>60</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Derby, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Newton M. Bremer</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Throckmartin</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie L. Bremer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes W. W. #1</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred N. Bremer Peculiar, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TRAUMA</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>
	ANTECEDENT CAUSES	DUE TO (b) <u>SUICIDAL GUNSHOT WOUND</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PECULIAR</u> <u>CASS</u> <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5. 2 56 9A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SUICIDAL GUNSHOT WOUND</u>
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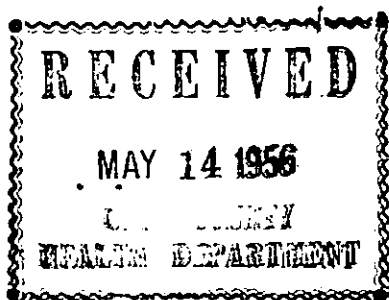
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard Jaude</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>5/1/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-5-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peculiar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Peculiar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Lora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George &amp; Sons, Inc</u>	ADDRESS <u>Belton, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD



MAY 28 1956

MAY 18 1956

MAY 22 1956

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 *Richard E. George*

Licensed Embalmer No. *395*

P. O. Address *Bellton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.