

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1938

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 2

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Monroe</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison RR</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison RR</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |   | d. STREET ADDRESS (If rural, give location)  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Thomas Earle</u> b. (Middle) <u>Brewer</u> c. (Last) <u>Brewer</u>   |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1949</u>             |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH <u>Jan 2-1888</u>                                 |
| 9. AGE (In years last birthday) <u>61</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>Farming</u>   | 11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo</u>     |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>Thomas Foster Brewer</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth P. Brewster</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Birdie Cornish</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>George Brewer</u> ADDRESS <u>Holliday</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                               |   | MEDICAL CERTIFICATION:<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Mitral valve disease</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u> |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>June 10, 1948</u> , to <u>Jan 23, 1949</u> that I last saw the deceased alive on <u>Jan 23, 1949</u> , and that death occurred at <u>6:05 P. m.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Charles C. Cohen D.</u>   |   | 23b. ADDRESS <u>204 1/2 N. 4th Moberly, Mo</u>   | 23c. DATE SIGNED <u>Jan 29 1949</u>                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct Bur</u>  | 24b. DATE <u>1/30/49</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>  | 24d. LOCATION (City, town, or county) (State) <u>Madison RR Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 2, 1949</u>   | REGISTRAR'S SIGNATURE <u>Chas Little</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>204 Theda Thompson</u>   | ADDRESS <u>Madison Mo</u>  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

69  
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RECEIVED

District Health Officer No. 10

District File Number 2-44-256

Date Filed FEB 7 - 1949

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.

Signed Mrs. Fred A. Thompson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address Madison Two

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 this body is not embalmed, fact should be so stated above.