

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18260**

FILED MAY 26 1949

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		9. AGE (In years) (If rural, give location) <u>48</u> (If rural, give location) <u>506 N Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>Peter</u> c. (Last) <u>Brewer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-18-1949</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>June-10-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Buy and Sell</u>	11. BIRTHPLACE (State or foreign country) <u>Rhinecland Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Martin A Brewer</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Van Vorden</u>		14. NAME OF HUSBAND OR WIFE <u>None</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Martin A Brewer, Slater Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis T.B.C.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>T.B.C. Bacillus</u> DUE TO (c) <u>Chr. Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Am</u>		19b. MAJOR FINDINGS OF OPERATION <u>Am</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>0.02X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Am</u>	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) (Minute) <u>May 17 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Am</u>	
22. I hereby certify that I attended the deceased from <u>Jan 17 1949</u> to <u>May 18 1949</u> that I last saw the deceased alive on <u>May 17 1949</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W E Lockwood MD</u>		23b. ADDRESS <u>Slater Mo</u>	23c. DATE SIGNED <u>5/18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>
DATE REC'D BY LOCAL REG. <u>5/21/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Salzer</u>	
ADDRESS <u>Slater Mo</u>			

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

MAY 24 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-49

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 Richard Drummond Student Embalmer No. 103

working under my personal supervision.

Signed James E. Jones
Licensed Embalmer No. 20143

Signed _____
Student Embalmer

P. O. Address Slater M.

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.