

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4441

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 20

362
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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Washington		c. CITY OR TOWN Pacific	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) ROBERT WARREN BREST			4. DATE OF DEATH (Month) (Day) (Year) February 8, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH September 23, 1876		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR: Days 11. IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME David Brest		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Adell Brest	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Adell Brest	
				ADDRESS Pacific, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Acute Cor. Arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Myocarditis Nephritis Pneumonia				593X	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)					
		DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT 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 Feb 7, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 9:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Toivola M.D.		23b. ADDRESS Washington Mo		23c. DATE SIGNED 2/9/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		24d. LOCATION (City, town, or county) (State) Pacific, Mo.	
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DATE REC'D BY LOCAL REG. Feb. 9, 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Thibau		ADDRESS Pacific, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 27 1950

RECEIVED -- FEB 12 1950
District Health Officer No. 9
District File Number

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
Student Embalmer

Signed *Geo. L. Thibbes*

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo.

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.