FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16255

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon, "Rural" Boone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin, Mo.
d. STREET ADDRESS (If rural, give location): 223 Jackson St.

0495

3. NAME OF DECEASED (Type or Print)
a. (First): LARRY
b. (Middle): KRAFT
c. (Last): BREWER

4. DATE OF DEATH (Month) (Day) (Year): June, 2nd, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June, 6th, 1939
9. AGE (In years last birthday): 10 — If under 1 year: Months 11, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Greenwood, Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Glenn Brewer
13b. MOTHER'S MAIDEN NAME: Ella Kraft
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Glenn Brewer, Joplin, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile accident — INTERVAL BETWEEN ONSET AND DEATH: 28166

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ 26

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — 4

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 ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy. 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boone twp. Crawford Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-2-1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

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 1:35 P.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner
23b. ADDRESS: Cuba Mo.
23c. DATE SIGNED: 6/3/1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/3/50
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Joplin, Mo.

DATE REC'D BY LOCAL REG.: 6/3/50
REGISTRAR'S SIGNATURE: O. O. Long 75 D
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Elbert E. Long Bourbon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-7-50
District Health Officer No. 5,
District File Number 6-50336
Date Filed 6-8-50

JAN 10 1951

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Elbert E. Long

Signed.....
Student Embalmer

Licensed Embalmer No. 3504

P. O. Address Bourbon Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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