

FILED JUN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

1987

BIRTH NO. 22772-50 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bem. Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Bem. Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elaine</u> b. (Middle) <u>Sue</u> c. (Last) <u>Brewer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 12, 1950</u>
9. AGE (In years last birthday) <u>10</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>***</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	
11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Roy L. Brewer</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Pietraschke</u>	14. NAME OF HUSBAND OR WIFE <u>Roy L. Brewer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>***</u>	16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy L. Brewer</u> ADDRESS <u>Owensville, 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		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis - bilateral.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity 7 1/2 months.</u>		7625	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 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 6-12, 1950, to 6-13, 1950, that I last saw the deceased alive on 6-12, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>Paula Brenner, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>6-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Bem. Mo.</u>		

DATE REC'D BY LOCAL REG <u>June 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Harley Blackman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. White</u> ADDRESS <u>OWENSVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 21 1960
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 _____

working under my personal supervision.

NO EMBALMING

Student Embalmer No.

Signed.....

Thelma H.H. Winter

Signed.....

Student Embalmer

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE*

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.