S. No: 300
v. 10.48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22558

BIRTH NO. 38858-50 REG. DIST. NO. 36Y PRIMARY REG. DIST. NO. 4531 Registrar's No. 41

1090
0

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
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): MacRae Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): XX 1090
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Brower

4. DATE OF DEATH (Month) (Day) (Year): 5-10-50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S 0
8. DATE OF BIRTH: 5-9-50
9. AGE (In years last birthday): If under 1 year: Months: Days: If under 24 hrs.: Hours: 19 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warrenton Mo 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Robert Brower
13b. MOTHER'S MAIDEN NAME: Margrete Greishaber
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Robert Brower
ADDRESS: New Florence 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) Prematurity - Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs

ANTECEDENT CAUSES

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

DUE TO (b) Prematurity. — 19 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) a.m. p.m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 9, 1950, *to* May 10, 1950, *that I last saw the deceased alive on* May 10, 1950, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Thompson (Degree or title) D.O.
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: 6-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-50
24c. NAME OF CEMETERY OR CREMATORY: St Marys Cemetery
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: 5-12-50
REGISTRAR'S SIGNATURE: Lloyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE: C. W. Hopkins
ADDRESS: Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 13 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~~ not by _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN
the above constitutes grounds for revocation of license.)

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