

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39931**

FILED JAN 12 1951

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff township) c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wappapella 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Bedford	b. (Middle) Forest	c. (Last) Brewer	4. DATE OF DEATH (Month) (Day) (Year) 12-29-50
-------------------------------------	---------------------------	---------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25-1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR 3 Months	IF UNDER 1 YEAR 4 Days	IF UNDER 1 YEAR 0 Hours	IF UNDER 1 YEAR 0 Min.
--------------------	-------------------------------	---	---------------------------------------	---	---------------------------------	-------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Madrid County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME George Brewer	13b. MOTHER'S MAIDEN NAME Lena Pickey	14. NAME OF HUSBAND OR WIFE Deceased
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Langdon R. Jones ADDRESS Kennett Mo.
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		11/22/1	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. 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) _____	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 **12-29-1950** to **12-29, 1950**, that I last saw the deceased alive on **12-29, 1950**, and that death occurred at **5:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Bond (Degree or title) M.D.	23b. ADDRESS Poplar Bluff Mo.	23c. DATE SIGNED _____
--	--------------------------------------	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-31-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. Jan 1-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service Kennett Mo ADDRESS _____
--	---	-----	--

(Licensed Embalmer's Statement on Reverse Side)

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

123

RECEIVED

JAN 10 1951
BUTLER CO. HEALTH CENTER

FILE No. 151-11

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 Edgar Bill Ford

Signed.....

Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett 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.