

S. No. 300
V. 10.48

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40539

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 2 mi. N.W. of Annapolis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. N.W. of Annapolis		d. STREET ADDRESS (If rural, give location) 2 mi. N.W. of Annapolis	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 28 1891
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Annapolis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nimrod Brewer		13b. MOTHER'S MAIDEN NAME Artena Hackworth	14. NAME OF HUSBAND OR WIFE Virginia Brewer
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. 498-10-2488	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Opal Shoults, Annapolis 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, assthenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Regurgitation</i> INTERVAL BETWEEN ONSET AND DEATH 40.5 yrs. ANTECEDENT CAUSES Morbid 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. 4211	
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 Jan 1917 to 12/14/1950, that I last saw the deceased alive on Sep 10, 1950, and that death occurred at 10.00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>E. M. Sutcliffe M.D.</i>		23b. ADDRESS <i>Leeterville MO</i>	23c. DATE SIGNED <i>12/18/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>12-17-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Annapolis Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Annapolis Mo.</i>
DATE REC'D BY LOCAL REG. <i>Dec. 20, 1950</i>	REGISTRAR'S SIGNATURE <i>Mrs. Arden Jones</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>White Funeral Home</i>	ADDRESS <i>Ironton Mo.</i>

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

0690

RECEIVED

DEC 27 1950

DISTRICT HEALTH OFFICE No. 6

No.

FEB 1 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lucy White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Impton, 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.