

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41256**

FILED DEC 21 1950

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1412 Wisconsin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co T R Hosp</u>			
3. NAME OF DECEASED a. (First) <u>Harvey</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Brewer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-12-1909</u>
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead & Zinc</u>	11. BIRTHPLACE (State or foreign country) <u>Okla.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jasna Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Dardene</u>	
14. NAME OF HUSBAND OR WIFE <u>Galdie Brewer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>512-03-1396</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Thomas Doty Baxter Springs Kan</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Pulmonary & Cerebrovascular</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>no dx</u>	
		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.	
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)		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 <u>10/20 1950</u> , to <u>12/10 1950</u> , that I last saw the deceased alive on <u>12/10 1950</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jesse E. Douglass M.D.</u>		23b. ADDRESS <u>Nebo City Mo</u>	
23c. DATE SIGNED <u>12/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Springs Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Dec 11-50</u>		REGISTRAR'S SIGNATURE <u>H. H. White M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James Wene</u>		ADDRESS <u>Baxter Springs Kan</u>	

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

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RECEIVED 12-19-50

Jasper County Health Office

County File Number 50-12-913

Date Filed 12-19-50

DEC 27 1950

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Lane Wene* _____

Licensed Embalmer No. *2880*

P. O. Address *Bayter Spgs H*

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.