

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41705

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Claryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Claryville 0790	
c. LENGTH OF STAY (in this place) 11 yrs		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLARYVILLE, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Aug. 2, 1872		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR: Months 4 Days 7 IF UNDER 24 HRS. Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Stricklin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE WILLIAM BREWER (DECEASED)	
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. None		17. INFORMANT'S SIGNATURE OR NAME Charles Brewer ADDRESS Claryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus		INTERVAL BETWEEN ONSET AND DEATH unknown	
		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. senility		174X	

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		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 **Dec 8, 1950**, to **Dec 9, 1950**, that I last saw the deceased alive on **Dec 8, 1950**, and that death occurred at **8 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Hoffman, M.D.		23b. ADDRESS Chester, Ill.		23c. DATE SIGNED 12-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
				24d. LOCATION (City, town, or county) (State) Chester Ill.	

DATE REC'D BY LOCAL REG. Dec 9-1950		REGISTRAR'S SIGNATURE Joseph Zeller 250		25. FUNERAL DIRECTOR'S SIGNATURE Clair C. Schroeder ADDRESS Chester, Illinois.	
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(Licensed Embalmer's Statement on Reverse Side)

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

790 /

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 *Oscar C. Schroeder*

Licensed Embalmer No. 1751

P. O. Address Chester, Ill.

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.