

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27853**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5513** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Henry 0420		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry 0420	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton, Mo 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) EDITH	b. (Middle) B.	c. (Last) Brewer	4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1952
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 24, 1890	9. AGE (In years last birthday) 62	UNDER 1 YEAR Days 0	IF UNDER 1 HR. Hours 16	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Appleton City, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elmer E. Reid	13b. MOTHER'S MAIDEN NAME Kittie E. Hinkle	14. NAME OF HUSBAND OR WIFE Harry A. Brewer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Harry A. Brewer	ADDRESS Rt 2 Clinton
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer		
	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 This may malignancy started in colon and spread throughout entire body			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION including some bones	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 10, 1952** to **Sept 10, 1952**, that I last saw the deceased alive on **Sept 9, 1952**, and that death occurred at **9:27 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest Saly D.D.S.	23b. ADDRESS Warsaw, Mo	23c. DATE SIGNED 9/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Shady Grove	24d. LOCATION (City, town, or county) (State) Tipton, Mo
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DATE REC'D BY LOCAL REG. Sept-12-52	REGISTRAR'S SIGNATURE Florence O. Alden	25. FUNERAL DIRECTOR'S SIGNATURE John F. Rees	ADDRESS Warsaw
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 John E. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw.

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.