

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27897

FILED AUG 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Inn 0470</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Inn 0470</u>	
b. CITY OR TOWN <u>ANNAPOLIS MO</u>		c. CITY OR TOWN <u>ANNAPOLIS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>BIRD</u>	c. (Last) <u>BREWER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 10 1876</u>	9. AGE (In years last birthday) (Specify) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION MAINTAINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>ANNAPOLIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>GEORGE BREWER</u>	13b. MOTHER'S MAIDEN NAME <u>PHYATHIA MYERS</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA EMMA BREWER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS BREWER</u>	ADDRESS <u>ANNAPOLIS MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) <u>Secondary anemia, &amp; general debility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>non</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Oct 1950, 19  , to Aug 4, 1952, that I last saw the deceased alive on Aug. 4th, 1952, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. W. Cobb D.O.</u>	23b. ADDRESS <u>Bismarck, MO.</u>	23c. DATE SIGNED <u>8/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANNAPOLIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ANNAPOLIS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Aug 19-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Chris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE FUNERAL HOME</u>	ADDRESS <u>INNSTADT MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1952

**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 J. White

Licensed Embalmer No. 3012

P. O. Address Clinton, Va.

**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.