

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5744**  
**1051**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kans.</u> b. COUNTY <u>Miami</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jans City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8150</u> <u>408 W. Dinwiddie</u>	
c. LENGTH OF STAY (In this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>Paola Kans.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.M.</u> b. (Middle) <u>H.</u> c. (Last) <u>Brewers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17</u> - <u>1953</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>6-27-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Mapleton Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jacob Bowers</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Stutement</u>	14. NAME OF HUSBAND OR WIFE <u>Marion</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>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marion Brewers</u>	ADDRESS <u>Paola, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>492X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pneumonia</u> DUE TO (c) <u>Coronary occlusion (ang)</u>		
	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 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 4-28, 1952, to Feb. 17, 1953, that I last saw the deceased alive on 4/17/53, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. P. BOURGEOIS</u> (Degree or title)	23b. ADDRESS <u>M. D. O. Kansas City Mo.</u>	23c. DATE SIGNED <u>4/18/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paola</u>	24d. LOCATION (City, town, or county) (State) <u>Paola Kans.</u>
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DATE REC'D BY LOCAL REG. <u>2-19-53</u>	REGISTRAR'S SIGNATURE <u>Dealdine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Wilson</u>	ADDRESS <u>Paola, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

VS App 28 1959

Not Embalmed  
to Paola KS.  
Removed

20 24 00

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.....

Licensed Embalmer No.....

P. O. Address.....

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.