

FILED MAY 21 1953

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u> Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger Co. Lorraine Twp</u> b. CITY OR TOWN <u>Lutesville</u> c. LENGTH OF STAY (in this place) <u>0090</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger 0090</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> d. STREET ADDRESS (If rural, give location) <u>Lutesville, MO. Lorraine Twp</u>		
3. NAME OF DECEASED (Type or Print) <u>LORAN</u>		a. (First) <u>LORAN</u> b. (Middle) <u>BREWER</u> c. (Last) <u>BREWER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 18 1953</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>12-25-1873</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>2 24</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio - UNKNOWN CITY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
14. KIND OF BUSINESS OR INDUSTRY <u>none</u>		15. FATHER'S NAME <u>John Brewer</u>		16. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
17. NAME OF HUSBAND OR WIFE <u>unmarried</u>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		19. SOCIAL SECURITY NO. <u>NO</u>	
20. INFORMANT'S SIGNATURE OR NAME <u>John M. Bond</u>		21. ADDRESS <u>Lutesville MO</u>		22. MEDICAL CERTIFICATION	
23. 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.		24. 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>Arteriosclerosis</u> DUE TO (c) <u>Epilepsy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		25. INTERVAL BETWEEN ONSET AND DEATH	
26. DATE OF OPERATION <u>4/20/53</u>		27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT (Specify) <u>SUICIDE</u>		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		31. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
32. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from <u>6/1 1945</u> , to <u>4/18 1953</u> , that I last saw the deceased alive on <u>4/15 1953</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.					
36. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>MD</u>		37. ADDRESS <u>Bollinger Co. Lutesville MO</u>		38. DATE SIGNED <u>4/20/53</u>	
39. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		40. DATE <u>4-19-53</u>		41. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Mem. Park</u>	
42. LOCATION (City, town, or county) (State) <u>Lutesville, Bollinger MO</u>		43. REGISTRAR'S SIGNATURE <u>Walter Van Amburg</u>		44. ADDRESS <u>2501 W. Ward Lutesville, MO</u>	
45. DATE REC'D BY LOCAL REG. <u>May 15 1953</u>		46. EMBELLER'S SIGNATURE <u>Gene Ward</u>		47. ADDRESS <u>Lutesville, MO</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

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.