

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **618**  
Registrar's No. **1211**

FILED FEB 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived, if different, evidence before admission) a. STATE <b>MO</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Smithville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Platte City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>RFD. #2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Norman</b> b. (Middle) <b>None</b> c. (Last) <b>Brewer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 4 - 54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 24 1904</b>		9. AGE (In years last birthday) <b>49</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Spain</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Parkville MO</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Abbott Brewer</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie June Cox, Brewer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, part or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elsie June Brewer</b> ADDRESS <b>RFD #2 Platte City MO</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 **Feb 1, 1954**, to **Feb 4, 1954**, that I last saw the deceased alive on **Feb 4, 1954**, and that death occurred at **5:47 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Abba, M.D.</b> (Degree or title)		23b. ADDRESS <b>Smithville Mo.</b>		23c. DATE SIGNED <b>2-4-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	
				24d. LOCATION (City, town, or county) (State) <b>Parkville MO</b>	

DATE REC'D BY LOCAL REG. <b>2-7-54</b>		REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward A. Traucii</b> ADDRESS <b>Parkville MO</b>	
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(Licensed Embalmer'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 Leland W. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo.

**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.