

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. **29666**
 Registrar's No. **3926**

FILED OCT 3-1955

 BIRTH NO. 1-4534-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 7 hours	c. CITY OR TOWN Drexel,		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			* STREET ADDRESS (If rural, give location) 0140		
3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) LYNN c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) 9-6-55		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT 6, 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME ARTHUR ALDEN BREWER		13b. MOTHER'S MAIDEN NAME NELLIE JANE RILEY		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME X Mrs. Arthur Brewer		ADDRESS Drexel, Mo.	
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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis			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. Thymus gland enlargement			7620		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/6/</u> , 19 <u>55</u> , to <u>expiration</u> , that I last saw the deceased alive on <u>9-6-1955</u> , and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE W. T. Hubbard (Degree or title) D. O.			23b. ADDRESS Independence, Missouri		23c. DATE SIGNED 9-7-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-8-1955	24c. NAME OF CEMETERY OR CREMATORY SHERROD CEM.	24d. LOCATION (City, town, or county) (State) DREXEL, MO.		
DATE REC'D BY LOCAL REG. 9-8-55	REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATRISON FUNERAL HOME ARCH,		

(Licensed Embalmer's Statement on Reverse Side)

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

cl 8389

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.....
Signature of Student Embalmer

Signed *Leonard Passantino*

Licensed Embalmer No. *454*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.