

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5963

State File No.

FILED FEB 28 1956

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Richmond</u>		c. LENGTH OF STAY (In this place) <u>24 yrs.</u>		c. CITY OR TOWN <u>Richmond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 miles west of Richmond</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles west of Richmond</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILLARD</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>BREWER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 17, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 8, 1889</u>	
				9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employed by U.S. Corps</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>of Engrs. on River work/</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Norman F. Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Trueblood</u>		14. NAME OF HUSBAND OR WIFE <u>Mary C. Duke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>513-11-1115</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary C. Brewer, Richmond, Mo.</u>			
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) <u>Heart disease D.A.T.</u>				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) <u>cor pulmonale</u> DUE TO (c) <u>Asthma-bronchitis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diarrhea, Chronic</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				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)		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>2-10</u> , 195 <u>6</u> to <u>2-17</u> , 195 <u>6</u> , that I last saw the deceased alive on <u>2-12</u> , 195 <u>6</u> , and that death occurred at <u>6:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Davault M.D.</u>				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>2-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21-1956</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thoman Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~XXXX~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Wm. L. Thurman*

Licensed Embalmer No. 4563.

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.