

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH38487
STATE FILE NUMBERRegistration District No. 155 Primary Registration District No. 3127 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ALBA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		Length of stay in lb <u>3 YRS</u>	d. STREET ADDRESS <u>NONE</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JACKIE</u> First Middle Last <u>P BREWER</u>			4. DATE OF DEATH Month Day Year <u>11 17 1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-25-1942</u>	9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>2 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>NEOSHO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>CLYDE BREWER</u>			14. MOTHER'S MAIDEN NAME <u>MARTHA METCALF</u>			
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.	17. INFORMANT <u>CLYDE BREWER</u>		Address <u>ALBA, MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Hemorrhage (cerebral)</u>	
DUE TO (c) <u>Gunshot wound</u>					<u>9199</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					<u>43</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gunshot Wound (entered Skull Rt. frontal region,</u>			
20c. TIME OF INJURY Hour a. m. p. m. <u>4:30 p. m.</u>			Month, Day, Year <u>11-17-1956</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural (while Hunting)</u>		20f. CITY, TOWN, OR LOCATION <u>Alba</u>	
			COUNTY <u>Jasper</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>4:30 p. m.</u> to <u>9:30 p. m.</u> and last saw <u>him</u> alive on <u>11-17-56</u>			Death occurred at <u>Jane Chinn 9:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John R. Miley</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Alba, Mo.</u>		22c. DATE SIGNED <u>11/19/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/20/1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>		
24. FUNERAL DIRECTOR <u>HEDGE-LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-56</u>	26. REGISTRAR'S SIGNATURE <u>Miss Madeline Switzer</u>		

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Y.T.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard Gray Law*

Licensed Embalmer No. *444*

P. O. Address *Webb*

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.