

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028147

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 22

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		c. CITY OR TOWN Rich Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 E. Cedar St.		d. STREET ADDRESS (If outside, give location) 200 E. Cedar St	
Length of stay in lb 5yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
GEORGE JACOB BREWER August 10 1958

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and state or country) Osceola, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Brewer	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ruth Brewer-Rich Hill, Mo
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I & II	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ruth Brewer-Rich Hill, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Cardiac asthma, Congestive		2 1/2 yrs.
	DUE TO (c) Heart Failure		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4342		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **Jan 1953** to **Aug 10, 1958** and last saw him alive on **July 30, 1958**
 Death occurred at **6:30 P.** m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Thomas F. Boyle, M.D.	(Degree or title)	22b. ADDRESS Rich Hill, Mo	22c. DATE SIGNED 8-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/12/58	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
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24. FUNERAL DIRECTOR Booth Funeral Home - Rich Hill, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-15-1958	26. REGISTRAR'S SIGNATURE Mrs. Edna Longless
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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AUG 21 1958

AUG 27 1958

AUG 25 1958

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 *John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Bethesda*

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.