

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029395  
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> <b>04950</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Length of stay in 1b <b>55 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>2230 W. 29TH ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WESLEY</b> Last <b>BREWER</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>21</b> Year <b>1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 12, 1891</b>
9. AGE (In years last birthday) <b>67</b>		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) <b>RETIRED MEAT CUTTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MEAT MARKET</b>	11. BIRTHPLACE (City and state or country) <b>SEYMOUR, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>SAMUEL BREWER</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA JULIAN</b>		14. NAME OF HUSBAND OR WIFE <b>ALICE R. BREWER, DEC'D 12-9-57</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT <b>SON-</b> <b>ROY BREWER, SIOUX CITY, IOWA</b> Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic failure--6 weeks. Renal Failure--7 days.</b> <b>Chronic hepatitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>5810</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Over 6 months.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>June 28, 1958</b> to <b>August 21, 1958</b> and saw him alive on <b>August 20, 1958</b> Death occurred at <b>6:45 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Beulah Tarsh m 40</i> (Degree or title)		22b. ADDRESS <b>410 Jackson, Joplin, Mo.</b>	22c. DATE SIGNED <b>8-26-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-25-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY,</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 8-28-58</b>	26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin, 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.