. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029907
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 275 Primary Registration District No. 5941 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 Miles No. Rolla — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla, Mo., 0810 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Vichy Star Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle DODSON Last BREWSTER

4. DATE OF DEATH Month 22 Day Aug. Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH 23 May 1875
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 2 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Phelps County, Mo., 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Brewster
13b. MOTHER'S MAIDEN NAME Missouri Elizabeth Brown
14. NAME OF HUSBAND OR WIFE Candace Brewster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Candace Brewster Address Vichy Star Rt Rolla, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thromboses — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart — years
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute Cholecystis 1 wk
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-12-58, to 8-22-58 and last saw ~~her~~ him alive on 8-21-58 @ 10 PM
Death occurred at 4:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. K. Underwood M. D. 0
22b. ADDRESS 202 West 10th Rolla Mo
22c. DATE SIGNED 8-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 24 Aug. 1958
23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery
23d. LOCATION (City, town, or county) (State) Near; Rolla, Missouri

24. FUNERAL DIRECTOR Null & Sons Funeral Home By S. C. Null
ADDRESS
25. DATE RECD. BY LOCAL REG. Aug 23, 1958
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

80
0

RECEIVED
Phelps County Health Officer,
County File Number 1128
Date Filed Sept 3, 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 S. L. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.