

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004446

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 17 Primary Registration District No. 5100 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY OR TOWN <b>WEST BOONE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>DREXEL</b> 0090 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) <b>HOME</b> Length of stay in lb <b>LIFE</b>		d. STREET ADDRESS (If outside, give location) <b>WEST BOONE TWP.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MICHAEL EARL BREWSTER</b>			4. DATE OF DEATH <b>FEB. 18, 1959</b> Month Day Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 20, 1953</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (In years last birthday) <b>5</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>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>HARRISONVILLE, MISSOURI</b>
13a. FATHER'S NAME <b>EARL BREWSTER</b>		13b. MOTHER'S MAIDEN NAME <b>JEANIE BREWSTER</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>EARL BREWSTER</b> Address <b>DREXEL, MO.</b>
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>Cerebral Palsy</b> DUE TO (b) <b>Intra Cranial Hemorrhage</b> DUE TO (c) <b>Birth Trauma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>351X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 415</b> <b>6 415</b>
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>Birth</b> , to <b>Feb 18-59</b> and last saw him alive on <b>Feb 18-59</b> Death occurred at <b>4:50 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Basel P. Hartwell M.D.</b>		22b. ADDRESS <b>Drexel MO</b>	22c. DATE SIGNED <b>2/19-59.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2/19/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHARON CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>DREXEL MISSOURI</b>
24. FUNERAL DIRECTOR <b>RUNYAN FUNERAL HOME, DREXEL, MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Feb. 19-1959</b>	26. REGISTRAR'S SIGNATURE <b>Rudolf Kurry</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard notation for cause of death. All diseases in Part I must be causally related.

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 *Gerald E. White* .....

Licensed Embalmer No. *4956* .....

P. O. Address *Leicester* .....

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.