

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010075

STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 385

Primary Registration District No. 3639

Registrar's No. 29

81
300
1-57

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CHARITON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ARCELLINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WENDON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS OSP. 5das.		Length of stay in lb 5das.	d. STREET ADDRESS (If outside, give location) R.F.D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ARTHUR J. BREWER			4. DATE OF DEATH Month Day Year 3/13/1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/30/1884	9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Rothville	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANCIS		13b. MOTHER'S MAIDEN NAME PAULINE RODES		14. NAME OF HUSBAND OR WIFE KATIE BREWER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-07-4031	17. INFORMANT Address KATIE BREWER WENDON, MO.		
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>Thrombocytopenia with multiple hemorrhages cause</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>unknown - severe Transfusion Reaction</u> DUE TO (c) <u>Cardiac Decompensation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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.) 296XK			
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
21. I attended the deceased from 1955 to 1959 and last saw him alive on 3-13-59 Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>George J. J...</i> (Degree or title)			22b. ADDRESS Marceline Missouri		22c. DATE SIGNED 3-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 3/15/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		23d. LOCATION (City, town, or county) (State) keytesville, chariton, MO
24. FUNERAL DIRECTOR James McLaughlin Marceline, Mo			25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE Brookie Owens	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docar, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *James B. Mc Clelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield 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.