

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013187

STATE FILE NUMBER

1625

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1625

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>		Length of stay in lb <u>3 months</u>	d. STREET ADDRESS (If outside, give location) <u>407 E 9th</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYVON Thomas BREWER</u>			4. DATE OF DEATH Month Day Year <u>3 29 59</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 11 1924</u> <u>3-6-1924</u>	9. AGE (In years last birthday) <u>34 35</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Texas Electric Co.</u>	11. BIRTHPLACE (City and state or Country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theodore Brewer</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Bryed</u>	14. NAME OF HUSBAND OR WIFE <u>Eunice Brewer</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>243-28-5558</u>	17. INFORMANT Address <u>Eunice Brewer, 1029 Sp. Highland Kan</u> <u>Chanute</u>
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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) <u>Acute MYOCARDIAL INFARCTION</u>		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.) <u>ITEM 8, 9 CORRECTED</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	BY AFFIDAVIT OF <u>Informant</u> <u>6-11-59 DEE</u>

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 <u>3-29-59</u> to <u>3-29-59</u> and last saw her alive on <u>3-29-59</u> Death occurred at <u>5:50 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Abraham Gelperin</u>	22b. ADDRESS <u>Gen. Hospital</u>	22c. DATE SIGNED <u>3-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-30-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Lilead</u>	23d. LOCATION (City, town, or county) (State) <u>Mound Lilead, North Carolina</u>
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24. FUNERAL DIRECTOR <u>Hebert Funeral Homes</u>	ADDRESS <u>2 P. No.</u>	25. DATE RECD. BY LOCAL REG. <u>3-31-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>
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All diseases in Part I must be causally related.

M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

300  
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 *B. E. Wait* .....

Licensed Embalmer No. *4075* .....  
P. O. Address *X. C. S. Wb.* .....

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.