

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018523

STATE FILE NUMBER

FILED MAY 28 1959

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 18

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rocky Comfort</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardwell-Memorial-Hosp.</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS <u>0600</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Robert Brier.</u>			4. DATE OF DEATH Month Day Year <u>May 17 - 1959</u>		
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>Oct. 22 - 1892</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>66 6 25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil field - poultry man</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Samuel Brier</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Giles</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Brier</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war dates of service) <u>yes - Navy World War I</u>		16. SOCIAL SECURITY NO. <u>442-07-6125</u>	17. INFORMANT <u>Ollie Brier</u>		Address <u>Rocky Comfort Mo.</u>
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>Cerebral anoxia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Terminal pulmonary edema</u>					<u>2 hrs.</u>
DUE TO (c) <u>Myocardial decompensation</u>					<u>5705 48 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lap. - Small bowel obstruction 5/14/59 - Diabetes Mellitus</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>5/14/59</u> to <u>5/17/59</u> and last saw him alive on <u>5/17/59</u> Death occurred at <u>3:29 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>		22b. ADDRESS <u>Box 96 - Wheaton, Mo.</u>		22c. DATE SIGNED <u>5/18/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May-19-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	
23d. LOCATION (City, town, or county) <u>Rocky Comfort</u>		23e. STATE <u>Mo.</u>			
24. FUNERAL DIRECTOR <u>McQueen Funeral Home Wheaton Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-22-59</u>		26. REGISTRAR'S SIGNATURE <u>Theodore Moberly</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Date Filed

MAY 26 1959

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 *Paul D. Heubert* .....

Licensed Embalmer No. *4576*.....

P. O. Address *Cassville, 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.