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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020940
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY: Greene b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield, — Inside Limits: Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 526 S. Scenic — Length of stay in Ib: 50 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene c. CITY OR TOWN: Springfield, — Inside Limits: Yes [X] No [ ] d. STREET ADDRESS (If outside, give location): 526 S. Scenic — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ARTHUR Middle: M. Last: BREWER

4. DATE OF DEATH: Month June Day 18 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 1, 1907

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Plant Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Greene County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jefferson H. Brewer

13b. MOTHER'S MAIDEN NAME: Mary K. Stevenson

14. NAME OF HUSBAND OR WIFE: Lexie May Brewer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: James H. Brewer Address: Springfield, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) OBSTRUCTIVE PULMONARY EMPHYSEMA — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL YEARS.

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): PULMONARY TUBERCULOSIS, FAR ADVANCED, INACTIVE 002X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 5-7-57, to 6-18-59 and last saw her alive on 6/18/59

Death occurred at 1 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glenn O. Turner M.D.

22b. ADDRESS: 609 Cherry - Springfield, Mo.

22c. DATE SIGNED: 6-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 20, 1959

23c. NAME OF CEMETERY OR CREMATORY: Payne Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Gorman-Scharpf Funeral Home ADDRESS: Springfield, Missouri

25. DATE RECD. BY LOCAL REG.: 6-22-59

26. REGISTRAR'S SIGNATURE: Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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.

JUN 7 1963

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 Lewis G Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield

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.