

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021232
State File No.

No. 300
10-48

FILED JUN 24 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2891

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, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>47 HRS</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2224 Poplar</u>	

3. NAME OF DECEASED (Type or Print) <u>ALLEN L. BREWER</u>	a. (First) <u>ALLEN</u> b. (Middle) <u>L.</u> c. (Last) <u>BREWER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 18 1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body Builder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TRAILER MFG.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DAVID BREWER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY NEWLIN</u>	14. NAME OF HUSBAND OR WIFE <u>SYLVIA L. 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>YES W.W.I</u>	16. SOCIAL SECURITY NO. <u>487 054186</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Brewer</u>	ADDRESS <u>2224 Poplar K.C. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from my 23, 1959, to June 13, 1959, that I last saw the deceased alive on June 12, 1959, and that death occurred at 2:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Underwood, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>5100-S 24th K.C. Mo.</u>	23c. DATE SIGNED <u>6/14/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-15-59</u>	REGISTRAR'S SIGNATURE <u>neva marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapel</u>	ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. A. Underwood

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or~~ by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *47*

P. O. Address *K.P. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.