

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028681

FILED VS AUG 18 1959 1920

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 77

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mc FALL		c. CITY OR TOWN Mc FALL	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) ADDRESS	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ENOCH Sylvester Brewer			4. DATE OF DEATH Month Day Year AUGUST 11 1959			
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 28 OCT 1861	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Mc FALL Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Clemson Brewer		13b. MOTHER'S MAIDEN NAME Sara Weatherd		14. NAME OF HUSBAND OR WIFE Ruth 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. None		17. INFORMANT Address Mrs. ELVA Hibbs, Mc Fall, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours
IMMEDIATE CAUSE (a) acute myocarditis			
DUE TO (b) arteriosclerosis			
DUE TO (c) OK			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Chest		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 5/27/59 to 8/11/59 and last saw ^{him} alive on 7/22/59 Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE G.M. Newman M.D.	22b. ADDRESS Albany Mo	22c. DATE SIGNED 8/13/59

23a. BURIAL, CREMATION, or other final disposition (Specify) Burial	23b. DATE 14 AUG 1959	23c. NAME OF CEMETERY OR CREMATORY Mc FALL	23d. LOCATION (City, town, or county) (State) Mc Fall Mo.
24. FUNERAL DIRECTOR H.A. Roberson, Pattonsburg, Mo.	25. DATE RECD. BY LOCAL REG. 8-13-59	26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harvey A. Robinson

Licensed Embalmer No. 5075

P. O. Address Palmdale, Calif.

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.