RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030269

STATE FILE NUMBER

XC-1968935 SL19774 FILED VS AUG 27 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-7635

DED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY DELAWARE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST. LOUIS MO — Length of stay in 1b: 115 DAYS	c. CITY OR TOWN JAY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM HOSPITAL — Inside Limits: Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: WADE	Middle: J.	Last: BREWER	4. DATE OF DEATH	Month: AUGUST	Day: 16 / Year: 1959
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 12-31-89	9. AGE (last birthday): 69	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER	10b. KIND OF BUSINESS OR INDUSTRY: –	11. BIRTHPLACE (City and state or country): CARTHAGE, MISSOURI	12. CITIZEN OF WHAT COUNTRY: USA			
13a. FATHER'S NAME: JIM BREWER	13b. MOTHER'S MAIDEN NAME: IRENE LEWIS	14. NAME OF HUSBAND OR WIFE: NETTIE BREWER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WW-1	16. SOCIAL SECURITY NO.: 492-14-2514	17. INFORMANT: VA HOSP. RECORDS, ST. LOUIS, MO.	Address		

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) HYPOSTATIC PNEUMONIA WITH PULMONARY EDEMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) RT. LUNG EPIDERMOID CARCINOMA WITH METASTASES

DUE TO (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	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. ☒ VA attended the deceased from 4-23-59, to 8-16-59 and last saw ☒ him alive on 8-16-59

Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: ROBERT McDONALD (Degree or title) M.D.	22b. ADDRESS: VAH, ST. LOUIS, MO.	22c. DATE SIGNED: 8-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8-18-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State): Afton, Oklahoma.
24. FUNERAL DIRECTOR: Albert H. Hoppe Inc.	ADDRESS: 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG.: AUG 17 59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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