

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039841

STATE FILE NUMBER

FILED VS NOV 16 1959

Primary Registration District No. 3025 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 5 years		c. CITY OR TOWN West Plains	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1013 St. Louis ?St.	
3. NAME OF DECEASED (Type or print) Vollentine		First S.		Last Brewer	
4. DATE OF DEATH November 3, 1959		Month		Day	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 12-8-78		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Sturgeon, Kenty.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME M. D. Brewer		13b. MOTHER'S MAIDEN NAME Lucy A. Wilson	
14. NAME OF HUSBAND OR WIFE Bertha Brewer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Bertha Brewer, West Plains, Mo.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Renal Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) Corcusion of Prostate (c) Hypertension				INTERVAL BETWEEN ONSET AND DEATH more than 5 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis Cigitans, Dental Caries				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	
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 12-4-54 to 3 Nov 59 and last saw him alive on 3 Nov 59 Death occurred on 10 Nov 59 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title)		22b. ADDRESS West Plains, Mo	
22c. DATE SIGNED 6 Nov 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-6-1959	
23c. NAME OF CEMETERY OR CREMATORY Redbrun Cemetery		23d. LOCATION (City, town, or county) Rover, Missouri		(State)	
24. FUNERAL DIRECTOR Leland Carter, West Plains, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-9-59	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Douglas P. Gorman

Licensed Embalmer No. 5037

P. O. Address West Plains

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.