

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042976

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 2 weeks		c. CITY OR TOWN Arrow Rock		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Streets not numbered		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Julius Middle Henry Last Brewe				4. DATE OF DEATH Month November Day 18th Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 3-26-1882	
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 77 Days 77 Hours 77 Min. 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Montgomery Co. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Brewe		13b. MOTHER'S MAIDEN NAME Maria Klusmeyer		14. NAME OF HUSBAND OR WIFE Emma Schnieder Brewe	
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 Emma S. Brewe, Arrow Rock, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 15 days	
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 12-03 P.M. Month, Day, Year Nov. 3, 1959		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.) Marshall Mo.		20f. CITY, TOWN, OR LOCATION Marshall Mo.		COUNTY Marshall		STATE Mo.	
21. I attended the deceased from Nov. 3, 1959 to Nov. 18, 1959 and last saw him alive on Nov. 18, 1959 Death occurred at 12-03 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Isaiah M.D. (Degree or title)			
22b. ADDRESS Marshall Mo.				22c. DATE SIGNED Nov. 20, 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE II*21*1959		23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		23d. LOCATION (City, town, or county) (State) Arrow Rock Missouri	
24. FUNERAL DIRECTOR Cambell-Lewis, Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 11-20-59		26. REGISTRAR'S SIGNATURE Cecil G. Keel	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

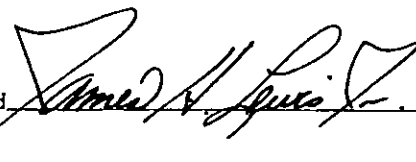
BY AFFIDAVIT OF

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



Licensed Embalmer No. 4708

P. O. Address Marshall

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