

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002838

VS FEB 1 1960 276

Registration District No. _____ Primary Registration District No. 4410 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		Length of stay in 1b	c. CITY OR TOWN St. James
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Daniel Last Brewer	4. DATE OF DEATH Month January Day 25 Year 1960
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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 Oct 22, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Gasconade Co, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Brewer	13b. MOTHER'S MAIDEN NAME Sarah	14. NAME OF HUSBAND OR WIFE Tiecsa
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Tiecsa Brewer, St. James, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Gallbladder slow acting + infection		2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cystitis, chronic nephritis + complications		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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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. Month, Day, Year _____

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 **January 4, 1954** to **January 25, 1960** and last saw ^{her} him ^{live} on **January 25, 1960**
Death occurred at **10:12 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. G. Hamner, M.D. (Degree or title)	22b. ADDRESS St. James Mo.	22c. DATE SIGNED 1-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Asher Cemetery	23d. LOCATION (City, town, or county) (State) Phelps Co, Mo.
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24. FUNERAL DIRECTOR Jesse Gahr Address 2005 Melrose St. James, Mo.	25. DATE RECD. BY LOCAL REG. 1-27-60	26. REGISTRAR'S SIGNATURE Ruth B. Powell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Statement by Licensed Embalmer

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Statement by Licensed Embalmer

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address H. James

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

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