

21 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 23 1961

-60-048923

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 5

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R#1, Sikeston			Length of stay in lb 10 yrs.		c. CITY OR TOWN Bikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. SW of Sikeston on R#1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DELLIE Middle LAWRENCE Last BREWER				4. DATE OF DEATH Month December Day 30 Year 1960			
5. SEX M	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HR 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 Agriculture		11. BIRTHPLACE (City and state or country) Carbondale, Ill.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ben Brewer			13b. MOTHER'S MAIDEN NAME Eliza Ward		14. NAME OF HUSBAND OR WIFE Inez Scott 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. 414 09 6258		17. INFORMANT Address R#1 Mrs. Inez S. Brewer, Sikeston, 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) Bleeding Duodenal Ulcer							INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						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. <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 <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.)			
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	
21. I attended the deceased from <u>12-26-60</u> to <u>12-30-60</u> and last saw <u>him</u> alive on <u>12-30-60</u> Death occurred at <u>12:30</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. M. Lingo M.D.				22b. ADDRESS Morhouser, Mo.		22c. DATE SIGNED 12/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-60	23c. NAME OF CEMETERY OR CREMATORY New Morley		23d. LOCATION (City, town, or county) (State) Morley, Missouri		
24. FUNERAL DIRECTOR Edw. E. Hummel ADDRESS Nunnelee Fun. Chapel, Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 1-9-61		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 21 1961

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 Edward E. Hummel

Licensed Embalmer No. 4161

P. O. Address Sikeston

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