

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 15-5

Primary Registration District No. 4245

Registrar's No. 33

STATE FILE NUMBER

-61-005650

FILED VS FEB 28 1961

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Oronogo</b>		Length of stay in 1b <b>58 yrs</b>		c. CITY OR TOWN -- <b>Oronogo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>701 E? Central</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>-701 E. Central</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MAMIE FERN BREWER</b>			4. DATE OF DEATH Month Day Year <b>Feb 22, 1961</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>5-24-1888</b>		9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Joplin, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Alva Brewer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Logan</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
17. INFORMANT <b>Claude Warren, 114 Bryan, Oronogo, Mo</b>		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) <b>Arteriosclerosis, Coronary Artery Disease 4 yrs.</b> 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 <b>2-21-61</b> to <b>2-22-61</b> and last saw her <input checked="" type="checkbox"/> alive on <b>2-21-61</b> Death occurred at <b>12:55 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. Webb</i>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Webb City, Mo</b>	
22c. DATE SIGNED <b>2-23-61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2-24-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oronogo Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Oronogo, Mo</b>		(State)			
24. FUNERAL DIRECTOR <b>KNELL MORTUARY</b>		ADDRESS <b>Carthage, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2-23-61</b>	
26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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.