

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009365

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 117 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

**FILED VS. MAR 15 1961**

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in Lifetime  
 c. CITY OR TOWN Joplin Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1320 Pennsylvania Ave. Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jasper

3. NAME OF DECEASED (Type or print) First Maggie Middle Last Brewer 4. DATE OF DEATH Month March Day 11 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-10-1876 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - employee 10b. KIND OF BUSINESS OR INDUSTRY Interstate Grocery Co. 11. BIRTHPLACE (City and state or country) Joplin, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Dunagan 13b. MOTHER'S MAIDEN NAME Missouri Jackson 14. NAME OF HUSBAND OR WIFE Dec'd Horatio M. Brewer, 1905

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Dau- Address Joplin, Mo.  
Mrs. Marie Stevens, 2405 Pearl Ave.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH Minutes  
 DUE TO (b) Decompensated Acute Cor Pulmonale 11 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Lobar Pneumonia 17 days  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 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.)  
None

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1, 1961 to March 11, 1961 and last saw her alive on MAR 11, 1961  
 Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Stephens D.O. (Dee or title) 22b. ADDRESS 211 West 20th St., Joplin, Mo. 22c. DATE SIGNED 3-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-14-61 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery, 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 3-13-1961 26. REGISTRAR'S SIGNATURE Wooie Merriam

**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 Harvey E. Arnce

Licensed Embalmer No. 4463

P. O. Address John St

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.