

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028613

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 144

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Archie	Length of stay in 1b 2 1/2 yrs.	c. CITY OR TOWN Archie	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At the home		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 John Middle Brewer Last Brewer	4. DATE OF DEATH Month August Day 24 Year 1961
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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 11/9/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	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	11. BIRTHPLACE (City and state or country) Pineville, Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ambrose Brewer	13b. MOTHER'S MAIDEN NAME Christine Dye	14. NAME OF HUSBAND OR WIFE Ona Brewer
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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) yes WW I	16. SOCIAL SECURITY NO. WW I	17. INFORMANT Mrs Ona Brewer Archie, Missouri	Address
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
	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"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year None
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION Archie	COUNTY Cass	STATE Missouri
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21. I attended the deceased from **1959** to **Aug. 1961** and last saw him alive on **8/19/61**
Death occurred at **10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas Howard Wad	(Degree or title)	22b. ADDRESS Butler, Mo	22c. DATE SIGNED 8/25/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/26/1961	23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	23d. LOCATION (City, town, or county) Adrian, Missouri
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24. FUNERAL DIRECTOR Atkinson Dickey Archie, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 25-1961	26. REGISTRAR'S SIGNATURE MaRay Debee
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 12 1961

SEP 7 1961

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 W. Atkinson*

Licensed Embalmer No. 4902

P. O. Address *Heiswood, Pa.*

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.