

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C#597870 SL#27523

62-035965

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8686

1. FILED SEP 17 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE MISSOURI	b. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 55 DAYS	c. CITY OR TOWN ROLLA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 4, BOX 239
3. NAME OF DECEASED (Type or print)		First WILLIAM Middle R. Last BREWER	4. DATE OF DEATH Month SEPTEMBER Day 5 Year 1962
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 1/30/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 73
11a. FATHER'S NAME JAMES P. BREWER		11b. MOTHER'S MAIDEN NAME LUDICE HUTCHINS	11. BIRTHPLACE (City and state or country) MONTON, ALA.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		12b. SOCIAL SECURITY NO. UNK.	12. CITIZEN OF WHAT COUNTRY USA
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE LOLA BREWER	
IMMEDIATE CAUSE (a) RESPIRATORY INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) FLAIL CHEST DUE TO			
DUE TO (c) CARCINOMA OF THE STOMACH, METASTATIC			
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 checked="" 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.) 151 X	
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. attended the deceased from VA 7/13/62 to 9/5/62 and last saw him live on 9/5/62		Death occurred at 8:50 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John A. Nickell Jr. M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 9/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-7-1962	23c. NAME OF CEMETERY OR CREMATORY Mena, Arkansas	23d. LOCATION (City, town, or county) (State) Phelps, Arkansas
24. FUNERAL DIRECTOR Beasley-Wood Address Mena, Arkansas		25. DATE RECD. BY LOCAL REG. SEP 7 1962 REGISTRAR'S SIGNATURE Roan Smith, M.D.	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

83

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 Stanley H. DeLeon

Licensed Embalmer No. 4,93

P. O. Address So. R.

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.