MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1962

-62-047758
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0720
2 0720
3
4 1
5 2
6
7 0
8 0
9 4201
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12 90-2
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marston
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): No
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: New Madrid
c. CITY OR TOWN: Marston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Gertie Middle: Brewer Last:
4. DATE OF DEATH: Month Dec Day 14 Year 1962
5. SEX: Female
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/26/1901
9. AGE (last birthday): 61
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Grape Ridge Mo
12. CITIZEN OF WHAT COUNTRY: U.S.a
13a. FATHER'S NAME: James Hodges
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Arthur Brewer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Paul Haubold Address: Marston. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left Ventricular Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
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): Diabetes Insipidus
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 12-14-62, to 12-14-62 and last saw her/him alive on 12-14-62
Death occurred at 3:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): M.D.
22b. ADDRESS: Lilbourn — Mo
22c. DATE SIGNED: 12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/16/62
23c. NAME OF CEMETERY OR CREMATORY: Mounds Park.
23d. LOCATION (City, town, or county) (State): Near New Madrid. Mo

24. FUNERAL DIRECTOR: Richards Funeral Home Mo. ADDRESS: New Madrid
25. DATE RECD. BY LOCAL REG.: 12-18-1962
26. REGISTRAR'S SIGNATURE: Charles Simpson By H. L. Bender

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963

JAN 9 1963

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 L. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.