

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5863

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadwood		16	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) None		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital					

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	Jane	b. (Middle)	Brewer	c. (Last)	4. DATE OF DEATH Feb. 22, 1949	(Month)	(Day)	(Year)
---	------------	------	-------------	--------	-----------	-----------------------------------	---------	-------	--------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1872	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR 10	11. UNDER 24 HRS. 7	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Baker	13b. MOTHER'S MAIDEN NAME Ellen Johnson	14. NAME OF HUSBAND OR WIFE Joseph Brewer
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Brewer	ADDRESS Leadwood, Mo.
---	---------------------------------	---	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease		?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---------------------------------	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 2-17 1949, to 2-22, 1949, that I last saw the deceased alive on 2-22, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Vernon W. Taylor M.D.	(Degree or title)	23b. ADDRESS Bonne Terre, Mo.	23c. DATE SIGNED 2-23-49
---	-------------------	----------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/49	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cem.	24d. LOCATION (City, town, or county) (State) Leadwood, Missouri
---	----------------------	---	---

DATE REC'D BY LOCAL REG. Feb 23, 1949	REGISTRAR'S SIGNATURE Esther Rude	25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer	ADDRESS Leadwood, Mo.
--	--------------------------------------	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 306
10-4894
2

RECEIVED

Officer No. 4
No. 349-29
8-1-49

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 _____

William E. Boyer

Student Embalmer No. *229*

working under my personal supervision.

Student *William E. Boyer*
Student Embalmer

Signed *Bert L. Boyer*

Licensed Embalmer No. *3441*

P. O. Address *Leadwood 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 this body is not embalmed, fact should be so stated above.