

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37074**

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5564 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 miles southeast of Annapolis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u> b. (Middle) <u>Elsie</u> c. (Last) <u>Brewer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1949</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 20 1896</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	
IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Annapolis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Lewis</u>	
13c. NAME OF HUSBAND OR WIFE <u>Charles E. Brewer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Brewer, Annapolis Mo.</u>		ADDRESS _____	
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, ashenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial sclerosis, general.</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (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 <u>May 1945</u> to <u>Oct 16, 1949</u> , that I last saw the deceased alive on <u>June 28, 1949</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ben W. Bull, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>10-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lewis</u>		24d. LOCATION (City, town, or county) (State) <u>Annapolis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 16 1949</u>		REGISTRAR'S SIGNATURE <u>Miss Virginia Jones</u> <u>128</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

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

RECEIVED 11-25-49

District Health Officer No. 4

District File Number 1149-1539

Date Filed

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
Student Embalmer

Signed *Russel J. White*

Licensed Embalmer No. 3012

P. O. Address *Brooklyn, N.Y.*

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.