

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4721**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>IRON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>IRON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>IRONTON MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ANNAPOLIS GEN. DELIVERY</b>	
c. LENGTH OF STAY (In this place) <b>16 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>T. MARYS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>NIMROD</b> c. (Last) <b>BREWER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 27 50</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5/26/1864</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Days <b>9</b> IF UNDER 2 WKS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>LESTERVILLE MO</b>	
13a. FATHER'S NAME <b>GEORGE BREWER</b>			13b. MOTHER'S MAIDEN NAME <b>WINNIE H. J. MYERS</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES BREWER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOHN BREWER ANNAPOLIS MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRACTURED SKULL</b>		DUPLICATE OF (b) <b>WAS RIDING IN AN AUTOMOBILE</b>			<b>E 8 22 4 25</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <b>WHEN DRIVER LOST CONTROL AND TURNED OVER ON HIGHWAY #21 IN ANNAPOLIS MO</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>OVER ON HIGHWAY #21 IN ANNAPOLIS MO</b>		19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ON HIGHWAY</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>ANNAPOLIS IRON MO</b>	
21d. TIME OF INJURY <b>2/26/50 II.AM.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>AUTOMOBILE WRECK</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. C. Hoivell</b> CORONER		23b. ADDRESS <b>IRONTON, MO</b>		23c. DATE SIGNED <b>2/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/1/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ANNAPOLIS MO</b>	
24d. LOCATION (City, town, or county) (State) <b>ANNAPOLIS MO</b>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Funeral Home, Ironton, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Mar 8, 1950</b>	REGISTRAR'S SIGNATURE <b>Miss Ann Jones</b>	128
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 10 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-339

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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

*Lyle H. White*

Licensed Embalmer No. 4395

P. O. Address Winton, 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.