

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32654

State File No. 1195
Registrar's No. 1195

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 4 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117

d. FULL NAME OF HOSPITAL OR INSTITUTION 1705 Francis d. STREET ADDRESS (If rural, give location) 1705 Francis Street

3. NAME OF DECEASED (Type or Print) a. (First) George Brewer b. (Middle) Fullerton c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Dec. 6, 1863 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmists 10b. KIND OF BUSINESS OR INDUSTRY retail 11. BIRTHPLACE (State or foreign country) Princeton, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. M. Fullerton 13b. MOTHER'S MAIDEN NAME Fanetta Reeves 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Judson ADDRESS NO. 1705 Francis, St. Joseph

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10/27/50

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 Mitral Stenosis 331X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/14, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/23, 1950, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE Frank Hardegar (Degree or title) MD 23b. ADDRESS 670 Francis St. St. Joseph 23c. DATE SIGNED 10/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 10/26/50 24c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery 24d. LOCATION (City, town, or county) (State) Princeton, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 26, 1950 Carl C. Conat 446 25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bauman ADDRESS Funeral Home St. Joseph Mo.

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

0117

W. D. K. Throckmorton

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *William Spalding*

Signed.....
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *2195 N. E. Jefferson*

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.