

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12116

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>6</u>	PRIMARY REG. DIST. NO. <u>4180</u>	Registrar's No. <u>10</u>
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>		
c. LENGTH OF STAY (In this place) <u>38 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-City</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>		b. (Middle) _____		c. (Last) <u>BREWER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1951</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Feb. 10, 1866</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Kroes</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Knoppe</u>		14. NAME OF HUSBAND OR WIFE _____
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lelia Kroes, St. Francis, Ark</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Hypostatic Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) <u>522x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>Apr. 17th 1951</u> , to _____, 19____, that I last saw the deceased alive on <u>Apr. 17th 1951</u> , and that death occurred at <u>3:30P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wallawa Selvey</u>		23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>4/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilhelmina Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Wilhelmina Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		
DATE REC'D BY LOCAL REG. <u>4/24/1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>		24f. ADDRESS <u>Campbell, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAY 14 1951

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-30-51
COUNTY FILE NUMBER 451-123

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.....
Student Embalmer

Signed *Christine M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.