

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34679

0883

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Keytesville, Mo.	
d. TOWN _____		e. TOWN _____	
c. LENGTH OF STAY (In this hospital) 13 days		f. LENGTH OF STAY (In this institution) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 200-North, Park	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Brewer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2nd, 1951		
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 18th, 1874		9. AGE (In years) (Month) (Day) (Year) 77		10. IF UNDER 1 YEAR: _____ IF UNDER 4 HRS.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Glasgow, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Benjamin F. Brewer		13b. MOTHER'S MAIDEN NAME Mary Mitchell		14. NAME OF HUSBAND OR WIFE Katie Roe 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. 489-36-1604		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B.F. Brewer Keytesville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION: DIRECTLY LEADING TO DEATH* (a) Chronic pyelonephritis with uremia		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		1 mo	
		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 6000		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 April, 1949, to Oct 2, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Clarks		23b. ADDRESS Moberly Mo.		23c. DATE SIGNED Oct 2-51	
--	--	------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4th, 1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Keytesville, MO.	
--	--	------------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. Oct 4-51		REGISTRAR'S SIGNATURE Seal [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Keytesville, M O.	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1828
Date Filed: OCT 15 1951

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 _____

H. D. Garrett

Signed.....
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key Bazaar 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.