

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

210  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>84</b>		PRIMARY REG. DIST. NO. <b>5319</b>		Registrar's No. <b>9</b>			
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b>				b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clifton City</b>		c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clifton City 0270</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>Rural Otterville Sup</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>			b. (Middle) <b>B. Brewer</b>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 6, 1874</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Flag Springs, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Farrington</b>			13b. MOTHER'S MAIDEN NAME <b>Salina Williams</b>			14. NAME OF HUSBAND OR WIFE <b>Richard Brewer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Richard Brewer, Clifton City, Mo</b>				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) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					
				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 <b>4201</b>						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) (m.)		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 <b>November 1, 1951</b> , to <b>Feb. 21, 1952</b> , that I last saw the deceased alive on <b>Feb 21, 1952</b> , and that death occurred at <b>5:25P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. Siegel M.D.</b>				23b. ADDRESS <b>Smithton Mo.</b>				23c. DATE SIGNED <b>2/21/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>2-22-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Apache</b>		24d. LOCATION (City, town, or county) (State) <b>Apache, Okla.</b>			
DATE REC'D BY LOCAL REG. <b>2-22-52</b>		REGISTRAR'S SIGNATURE <b>Nellie Hulbert</b>		73		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. Langellin Pro-Seddie</b>			
						ADDRESS			

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

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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 *K.P.M. Lear* .....

Licensed Embalmer No. *3153* .....

P. O. Address *Sedalia 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.