

No. 300
10.48

JUN 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. **19635**

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 226

0143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY State Hospital Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton Mo		c. LENGTH OF STAY (in this place) 2Y 8 MO	
c. CITY (If outside corporate limits, write RURAL and give township) New Franklin		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION state hospital no 1			

3. NAME OF DECEASED (Type or Print) a. (First) Eddie R b. (Middle) Brewster c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 23 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May-24-1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 1 Days	IF UNDER 24 Hrs. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentering	11. BIRTHPLACE (State or foreign country) Montgomery County Mo/	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Brewster	13b. MOTHER'S MAIDEN NAME Mary Spalding	14. NAME OF HUSBAND OR WIFE Harriet Brewster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Fulton, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Chronic Myocarditis 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from ~~Nov-1949-10~~ **June-23-52** 19____, that I last saw the deceased alive ~~June-23-52~~ **June-23-52** and that death occurred at **9:25P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 6/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 6/24/52	24c. NAME OF CEMETERY OR CREMATORY Jonestown Mo	24d. LOCATION (City, town, or county) (State) Preaching Mo
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DATE REC'D BY LOCAL REG. June 24-1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS New Franklin Mo
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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

H. R. Hall

33-15

Licensed Embalmer No. *John Franklin*

P. O. Address *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.