

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30720

State File No.

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 252

1105

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

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>107 Switzler St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 Switzler St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>LEORA</u> | | a. (First) <u>BREWER</u> | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14th 1952</u> | | |
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| 5. SEX <u>3</u> <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Nov. 7th 1905</u> | | 9. AGE (In years last birthday) <u>47</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
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| 13a. FATHER'S NAME <u>unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>491-24-1355</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>William W. Chesters</u> | | ADDRESS <u>Columbia Mo.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 MO</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> | | | | | | | |
| | | DUE TO (c) | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>443 Y</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from 5 March, 1952, to 14 Sept, 1952, that I last saw the deceased alive on 13 Sept, 1952, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

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|--|--|---|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Horace E. Thomas M.D.</u> | | 23b. ADDRESS <u>709 University Ave. Columbia Mo.</u> | | 23c. DATE SIGNED <u>16 Sept 52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 17th 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Galvany</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Sept. 17 1952</u> | | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Lacker</u> | | ADDRESS <u>Columbia Mo.</u> | |
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SEP 11 1958

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

Edward P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.