

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4152 Registrar's No. 2-1955

1. PLACE OF DEATH a. COUNTY <u>Lawford</u> <u>0280</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Leasburg</u>		c. LENGTH OF STAY (in this place) <u>Since 1930</u>	c. CITY OR TOWN <u>Leasburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		f. STREET ADDRESS (If rural, give location) <u>In Town</u> <u>0280</u>	
3. NAME OF DECEASED a. (First) <u>Wm</u> b. (Middle) <u>Henry</u> c. (Last) <u>Brewer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-18-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>D.A. + M.M.F. Inc.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm Henry Brewer</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Master</u>		13c. NAME OF HUSBAND OR WIFE <u>Mauda Brewer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>496-74-3376</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mauda Brewer</u> ADDRESS <u>Leasburg Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ATHERO SCLEROSIS</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 <u>None</u>	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 <u>2-13</u> , 1953, to <u>19 JAN, 1955</u> , that I last saw the deceased alive on <u>4-Jan</u> , 1955, and that death occurred at <u>9:20</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert T. Walden</u> <u>O.M.D.</u>		23b. ADDRESS <u>Bourbon Mo.</u>	23c. DATE SIGNED <u>1-22-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>First Roads Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-28-1955</u>	REGISTRAR'S SIGNATURE <u>Wm G. Domo</u> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shaw</u>	ADDRESS <u>Putnam Mo.</u>

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

250 3 1000

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.....
Signature of Student Embalmer

Signed *Paul A. Thompson*
Licensed Embalmer No. *347*
P. O. Address *Cuba, Or*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.