No. 300
10.46

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

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12595

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noel
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fountain Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Okla.
b. COUNTY:
c. CITY OR TOWN: Afton
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 8358

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Brewster
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 4-17-55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N. M.
8. DATE OF BIRTH: 9-27-1935
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 6, Days 20, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Afton Okla.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harvey Brewster
13b. MOTHER'S MAIDEN NAME: Faye Williams
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 441-36-5841
17. INFORMANT'S SIGNATURE OR NAME: Melvin Y. Birks
ADDRESS: Afton Okla.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car Accident
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:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hi-way 90
21c. (CITY, TOWN, OR TOWNSHIP): Noel (COUNTY): McDonald (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-17-55 1:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car Accident {Car Hit Bridge on State Hiway 90.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 1955, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Humphrey Jr. (Degree or title): Coroner
23b. ADDRESS: Noel Mo.
23c. DATE SIGNED: 4-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-17-55
24c. NAME OF CEMETERY OR CREMATORY: Afton Cem.
24d. LOCATION (City, town, or county) (State): Afton Okla.

DATE REC'D BY LOCAL REG.: 4-17-55
REGISTRAR'S SIGNATURE: Mayne Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE: Melvin Y. Birks
ADDRESS: Afton Okla.

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F M Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.