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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22982

FILED AUG 10 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>New Madrid.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>	
c. LENGTH OF STAY (to this place) <u>30 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Water St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Clifford Earl Brewer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug. 15, 1909</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Senath, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Marion Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Ball</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 dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-7797</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jane Smith, New Madrid</u> ADDRESS _____	
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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>Carcinoma of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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 _____		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) <u>157X</u>	
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 June, 1955, to July, 1955, that I last saw the deceased alive on 20 July 55, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles L. Keador M.D.</u>		23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>1 Aug 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 27, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marston, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1 Aug 55</u>		REGISTRAR'S SIGNATURE <u>Vernon K. Roddy</u>		517-0	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard G. ...</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED AUG 8 1955
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid,

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.