

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32005**

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6198		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give town) CASS twp.		c. LENGTH OF STAY (in this place) 4 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) CASS twp.		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) NEAR GROGAN			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) William			b. (Middle) ALBERT			c. (Last) BREWER	
6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH 7-31-1874	
9. AGE (In years last birthday) 81			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		11. BIRTHPLACE (State or foreign country) TEXAS CO., MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ADAM BREWER		13b. MOTHER'S MAIDEN NAME UNITY WILLIAMS		14. NAME OF HUSBAND OR WIFE ETHA BREWER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etha Brewer, Grogan, Mo.			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Primary Carcinoma of Transverse Colon & Carcinomatosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. NONE DUE TO (c) 153X II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic degeneration of heart disease grade III to IV					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 7/18/1955 , to 9/19/1955 , that I last saw the deceased alive on 9/19/1955 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Edurno, M.D.				23b. ADDRESS Houston, Mo.		23c. DATE SIGNED 9/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-22-55		24c. NAME OF CEMETERY OR CREMATORY ST. ULZ		24d. LOCATION (City, town, or county) (State) TEXAS CO., MO.	
DATE REC'D BY LOCAL REG. 9-24-55		REGISTRAR'S SIGNATURE Gaynell Gunningham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott - Gentry, Calool, Mo.			

(Licensee/Embalmer's Statement on Reverse Side)

NOV 22 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 James L. Gentry
Licensed Embalmer No. 4718

P. O. Address Caloal, 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.