

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35993**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1284**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) ---a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph	c. LENGTH OF STAY (in this place) 33 yrs	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital (Missouri)		e. STREET ADDRESS (If rural, give location) 629 North 9th Street	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) EMMETT	c. (Last) BREWER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1955
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 1, 1878
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) / Tenn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Pleasant Amos Brewer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bessie Brewer (Deceased)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Loren McCrea	ADDRESS St. Joseph, Mo.
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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, atheria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation due to aspiration		seconds
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pharyngeal paralysis		3 days
DUE TO (c) cerebrovascular accident		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis		years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X		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)
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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 **12/1, 1955**, to **12/2, 1955**, that I last saw the deceased alive on **12/2, 1955**, and that death occurred at **10:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE Donald J. Stallard, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo. 902 E. Diamond St.	23c. DATE SIGNED 12/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Center Grove Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio Missouri
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DATE REC'D BY LOCAL REG. Dec 9, 1955	REGISTRAR'S SIGNATURE Cathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Stones Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Charles E. Bennett*.....

Licensed Embalmer No. *4627*

P. O. Address *St. Joseph*.....

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.