

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39351

State File No. ....

BIRTH NO. .... REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 446 9 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Ste. Genevieve				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Ste. Genevieve		c. LENGTH OF STAY (In this place township) 10 mo.		c. CITY OR TOWN Brewer		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 Ste. Genevieve Rest Home				e. STREET ADDRESS (If rural, give location) 0191					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M. c. (Last) Brewer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 7, 1875			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cemetery Sexton			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME George Brewer		13b. MOTHER'S MAIDEN NAME Teresa Layton		14. NAME OF HUSBAND OR WIFE		
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 ADDRESS Joseph Brewer Perryville Rt 4, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy  ANTECEDENT CAUSES DUE TO (b) Arterio-Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 334x  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 6 days  10 yrs  4 days	
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) (Minute)		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 Oct. 13, 1955, to Nov. 21, 1955, that I last saw the deceased alive on Nov. 20, 1955, and that death occurred at 2:10 A.M., from the causes and on the date stated above:									
23a. SIGNATURE (Degree or title) M.D. Ste. Genevieve Mo				23b. ADDRESS Ste. Genevieve Mo		23c. DATE SIGNED Nov. 23			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri			
DATE REC'D BY LOCAL REG. Nov. 28, 1955		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Ruelle Barber		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.					

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

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Wallace Young* .....

Licensed Embalmer No... *402* .....

P. O. Address... *Perryman* .....

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.