

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23060
Registrar's No. 92

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>92</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Rural Peculiar Twp. 0190</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi N.W. of Harrisonville</u>					
3. NAME OF DECEASED (Type or Print) <u>JOSEPH R. BREWSTER</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>July 8 1956</u>			4. DATE OF DEATH (Month) (Day) (Year)						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 1 1872</u>		9. AGE (in years) (If under 1 year: last birthday) (Months) (Days) (Hours) (Min.) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Brewster</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Brown</u>			14. NAME OF HUSBAND, OR WIFE <u>Lelah Matilda Brewster</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Brewster, Harrisonville</u> ADDRESS <u>16</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> 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. <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (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) (Min.)		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 <u>July 8 1956</u> to <u>July 8 1956</u> , that I last saw the deceased alive on <u>July 8 1956</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Doctor or title) <u>W. J. Barger M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>10 July 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 10 1956</u> REGISTRAR'S SIGNATURE <u>Lorna Barwood</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bunnbugas</u> ADDRESS <u>Harrisonville Mo</u>					

(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
Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.