

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42151**
Registrar's No. **467**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		b. COUNTY Pike	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Ashley	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 08207	

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL	b. (Middle) MARIE	c. (Last) BREWER	4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 19 1913	9. AGE (In years last birthday) Months Days 43 6 27	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Pike Co. MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George A Perkins	13b. MOTHER'S MAIDEN NAME Eva Goltz	14. NAME OF HUSBAND OR WIFE Henry C. Brewer
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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) yes	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME Mrs Henry C. Brewer	ADDRESS Ashley 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Manic Cochlear Embolism		INTERVAL BETWEEN ONSET AND DEATH acute	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarct.			7 Days
	DUE TO (c) Myocardial Ischemia			10 Days
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) 4201
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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 **Dec 6, 1956**, to **Dec 10, 1956**, that I last saw the deceased alive on **Dec 10, 1956**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Sultzman M.D.	23b. ADDRESS 115 N. 5th Hannibal MO	23c. DATE SIGNED 12/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 14 1956	24c. NAME OF CEMETERY OR CREMATORY Parson	24d. LOCATION (City, town, or county) (State) Pike Co MO
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DATE REC'D BY LOCAL REG. 1-2-57	REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green MO
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED JAN 5 1957
MARION CO, HEALTH DEPT,
DATE FILED JAN 5 1957

JAN 5 1957

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 Harold C. Kiser

Licensed Embalmer No. 4597

P. O. Address Banling Drug

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.