FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30737

Registration District No. 6 Primary Registration District No. 5001 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harbison Walker Plant — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 809 West Bland (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Arthur Middle: Last: Brewer
4. DATE OF DEATH Month Day Year: Sep 7, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 21, 1895
9. AGE (In years last birthday): 62 — 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): Molder
10b. KIND OF BUSINESS OR INDUSTRY: Refractories
11. BIRTHPLACE (City and state or country): Cape Girardeau, Missouri
12. CITIZEN OF WHAT COUNTRY?: US
13. FATHER'S NAME: William Brewer
14. MOTHER'S MAIDEN NAME: Sleania McCray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-07-1006
17. INFORMANT: Herbert Brewer, Address: Vandalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c) arteriosclerotic heart disease — 1 year
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): essential hypertension 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/23/52 to Sept 7, 1957 and last saw ~~he~~ him alive on 9/7/57
Death occurred at 9:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest Pierce M.D. (Degree or title)
22b. ADDRESS Vandalia, Mo
22c. DATE SIGNED 9/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sep 9, 1957
23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
23d. LOCATION (City, town, or county) (State): Vandalia, Missouri

24. FUNERAL DIRECTOR: William B Waters ADDRESS: Vandalia, Mo.
25. DATE RECD BY LOCAL REG.: Sept 9 1957
26. REGISTRAR'S SIGNATURE: Mallie Fugua

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 9 1957

FEB 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William R. Wate

Licensed Embalmer No. 41

P. O. Address Vandal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.