

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41218
State File No.

FILED DEC 16 1957

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lewis Twsp.</u>)		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Lilbourn</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi. N.W. of Lilbourn</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi. N.W. of Lilbourn</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>Carnell</u> c. (Last) <u>Brewer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 30 1942</u>
9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Collin Wood, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Earl Brewer</u>	
13b. MOTHER'S MAIDEN NAME <u>Iva Nelson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kathryne Hodges, Toledo, Ohio</u>		ADDRESS <u>2145 Midway</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot in head by</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>shot gun</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH _____		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lewis New Madrid. Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov-29-57 11:30 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gunshot shot in head by way friend while hunting</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kathryne Hodges</u> (Degree or title) _____		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>Dec-3-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Ponder Deputy</u> ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-4-57</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED DEC 5 1957
NEW MADRID CO. HEALTH CENTER

R. J. L.

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: David J. Ponder

Licensed Embalmer No. 5030

P. O. Address Lithour, W.

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.