

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009652

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 132 Primary Registration District No. 4202 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spickard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Spickard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Mildred Last Brewer			4. DATE OF DEATH Mar. 14 1958 Month Mar. Day 14 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17 1866	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Grundy Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Casey Cornwell			14. MOTHER'S MAIDEN NAME Amanda Cochran		
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.	17. INFORMANT Clifford Brewer Spickard Mo. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-scleroses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ? DUE TO (c) 4500					INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 62
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour ? Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan. 1957 to March 14, 1958 and last saw her ^{her} _{him} alive on March 13, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Blanche M. To (Degree or title)			22b. ADDRESS W. Stanton, Mo.		22c. DATE SIGNED 3-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 16 1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Spickard Mo.
24. FUNERAL DIRECTOR Schooler Funeral Home Spickard Mo.			25. DATE RECD. BY LOCAL REG 3-16-56	26. REGISTRAR'S SIGNATURE Hene Fair	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use any standard nomenclature in form to be uniform. Diseases in Part I must be casually related.

MEDICAL CERTIFICATION

0400
00
-56

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 Ross Wise.....

Licensed Embalmer No. 37.....

P. O. Address Spickard.....

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.