

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019080
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 11

0700

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 Kregal St.</u>		d. STREET ADDRESS (If rural, give location) <u>207 Kregal St.</u>	

3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BROWER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1958</u>		
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>Jan 30, 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired rail road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>rail road</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John L. Brower</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Josie B. Brower</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie B. Brower, Wellsville, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4341</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Dec 1, 1957, to April 6, 1958, that I last saw the deceased alive on April 6, 1958, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Willis H. Wells</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>5-9-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 8, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City</u>	
		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5-9-58</u>		REGISTRAR'S SIGNATURE <u>Antonia Freeman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Wells</u> ADDRESS <u>Wellsville, Mo.</u>	
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524-6

JUN 27 1958

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 Howard F Myers

Licensed Embalmer No. 03494

P. O. Address Wellsville Mo.

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.