

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020944

STATE FILE NUMBER 608

FILED JUN 16 1958

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1605 Boyd St.		Length of stay in lb 16 yrs	d. STREET ADDRESS (If outside, give location) 1605 Boyd St.
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES JACOB BREWER			4. DATE OF DEATH Month Day Year June 8 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking	9. AGE (In years) 74
11. BIRTHPLACE (City and state or country) Sioux Falls So. Dakota		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Mrs. Ollie Brewer
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. 484-07-5707	17. INFORMANT Mrs. Ollie Brewer Address 1605 Boyd St. St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General Arteriosclerosis DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH Unk. Unk.
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"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year p.m.			
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 4/15/58 to 6/8/58 and last saw him alive on 6/7/58 Death occurred at 3:00P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) St. Meloney M.D.		22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-11-58	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Stammy Funeral Home NPS		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 10, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Bennett*

Licensed Embalmer No. *4627*

P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.