

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036282

STATE FILE NUMBER

4776

FILED OCT 29 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL - 30 YEARS		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 700 WEST 47 STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MISS MARIAN LOUIS BREWSTER.			4. DATE OF DEATH Month Day Year OCT - 8 - 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 26, 1911
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER	11. BIRTHPLACE (City and state or country) KANSAS CITY KANSAS
10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME EDWARD E. BREWSTER		13b. MOTHER'S MAIDEN NAME RUBY SPRIGG	14. NAME OF HUSBAND OR WIFE —
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. 495-42-8056	17. INFORMANT W.A. SULLIVAN Address 203 DOVER ROAD MANHATTAN, NEW YORK
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RHEUMATIC HEART DISEASE & MITRAL STENOSIS DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 11 yrs 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 JUNE 1950 to 8 Oct 58 and last saw her alive on 8 Oct 58 Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John F. McDonnell, M.D.		22b. ADDRESS 315 Nichols Road Kansas City, Missouri	22c. DATE SIGNED 9 Oct 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT-11-1958	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) MARSHALL MISSOURI
24. FUNERAL DIRECTOR B.W. NEWCOMER'S SONS BRUSH CREEK + PASEO		25. DATE RECD. BY LOCAL REG. 10-10-58	26. REGISTRAR'S SIGNATURE Helen Marshall

All diseases in Part I must be causally related.

John F. Mc Donnell USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep 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.