

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045001

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 40

3003
1-57

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tenn. b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- New Madrid Twp.		c. CITY OR TOWN Collinwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #61		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Highway #61
3. NAME OF DECEASED (Type or print) First Chester Middle ----- Last Brewer			4. DATE OF DEATH Month December Day 20 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1904
9. AGE (In years last birthday) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor	11. BIRTHPLACE (City and state or country) Wayne Co. Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John L. Brewer		13b. MOTHER'S MAIDEN NAME Malinda Thompson	14. NAME OF HUSBAND OR WIFE Myrtle 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. Unknown	17. INFORMANT E.F. Brewer, 621 Trade St, Florince, Ala.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records death was due Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) to being hit by a car, on Highway # 61 DUE TO (c) Possible fractured skull, broken legs.			INTERVAL BETWEEN ONSET AND DEATH
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"/>
20a. ACCIDENT <input checked="" 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.) walking on highway #61 and was hit by car.		
20c. TIME OF INJURY 12:00 Hour Month, Day, Year a.m. Dec. 20, 58 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.) Highway #61	20f. CITY, TOWN, OR LOCATION Rural New Madrid Twp. New Madrid, Mo.		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Hedges (Degree or title) Coroner		22b. ADDRESS New Madrid, Missouri	22c. DATE SIGNED Dec. 22, 58
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE Dec. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Mc Clammy Cemetery	23d. LOCATION (City, town, or county) (State) Collinwood, Tenn.
24. FUNERAL DIRECTOR Richard Untch	ADDRESS New Madrid, Mo.	DATE RECD. BY LOCAL REG. 22 Dec 1958	24. REGISTRAR'S SIGNATURE Jay Hedges

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

VS
OCT 28 1950

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

Licensed Embalmer No.....

P. O. Address

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.