

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017620

STATE FILE NUMBER

JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2329

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN RAYTOWN <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS 9022 E 74 TERR <small>(If outside, give location)</small>	
Length of stay in lb 1WK.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Dennis Wayne Brewer			4. DATE OF DEATH Month Day Year MAY 8 1959			
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5. SEX Male	6. COLOR OF 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 Oct 8 - 1950	9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lockwood, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Claude Brewer	13b. MOTHER'S MAIDEN NAME Ida Dodson	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Claude Brewer	Address Raytown, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viremia, Acute associated with Acute adrenal insufficiency		INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 274X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 a.m. 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 30 April, 1959 to 8, May 1959 and last saw him alive on 8 May, 1959
Death occurred at 8:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David F Eubank MD	22b. ADDRESS Raytown Clinic, Raytown, Mo	22c. DATE SIGNED 9 May 1959
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23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE May 10 - 1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR Kepley-Hinton	ADDRESS Raytown, Mo	25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE neva minishell
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

David F. Eubank

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 *John R. Sidman*
Licensed Embalmer No. *4231*

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.