

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. DEC 28 1959 157

157

Registration District No. Primary Registration District No. 3028

Registrar's No. 245

STATE FILE NUMBER

UNRECORDED

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper	a. STATE Mo.	b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage	Length of stay in 1b 3 wks	c. CITY OR TOWN Pierce City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maryatte Rest Home	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 103 Walnut	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Alca	Middle Brewer	Last Brewer	4. DATE OF DEATH	Month Dec.	Day 15	Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-12-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaper	10b. KIND OF BUSINESS OR INDUSTRY Landscaping	11. BIRTHPLACE (City and state or country) Bedford, Ind.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Benjamin Brewer	13b. MOTHER'S MAIDEN NAME Eveline Goen	14. NAME OF HUSBAND OR WIFE Golda Brewer
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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 Floyd Brewer Carthage, Mo.	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremic Poisoning	3 wks
DUE TO (b)	Hypertension of Urine	6 mo.
DUE TO (c)	Enlarged prostate	6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) -
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year -
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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, factory, street, office bldg., etc.) -	20f. CITY, TOWN, OR LOCATION -	COUNTY -	STATE -
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21. I attended the deceased from **Nov 27, 59**, to **Dec 15, 59** and last saw her alive on **Dec 14, 59**
Death occurred at **5:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Alfred B. Wheeler D.O.	22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 12-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/18/1959	23c. NAME OF CEMETERY OR CREMATORY Schooling Cemetery	23d. LOCATION (City, town, or county) (State) Lawrence County, Mo.
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24. FUNERAL DIRECTOR William J. Wassell	ADDRESS Pierce City, Mo.	25. DATE RECD. BY LOCAL REG. 12-18-59	26. REGISTRAR'S SIGNATURE WJ Clinton
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BY AFFIDAVIT OF

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. Gordon Bennett

Licensed Embalmer No. 7213

P. O. Address Summit, Md

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.