

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018726

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 184 STATE FILE NUMBER

FILED MAY 16 1961

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u> | | Length of stay in 1b <u>5yrs, 9mo, 20da.</u> | c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>B.</u> Last <u>Brewer</u> | 4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1961</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-7-1885</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>67</u> Days <u>29</u> | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Puxico, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Joseph Brewer</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Crum</u> | 14. NAME OF HUSBAND OR WIFE <u>Adele Dowding (maiden name)</u> |
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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) <u>Yes World War I</u> | 17. INFORMANT Address <u>Records, State Hosp. #4, Farmington, Mo.</u> |
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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) <u>Gangrene of left foot and lower third of leg -</u> INTERVAL BETWEEN ONSET AND DEATH <u>13 das.</u> |
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| DUE TO (b) <u>Peripheral vascular disease - - - - -</u> <u>Unknown.</u> DUE TO (c) <u>Peripheral arteriosclerosis - - - - -</u> <u>Unknown.</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis with cerebral arteriosclerosis.</u> | 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 |
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| 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 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 Dec. 1, 1958 to May 6, 1961 and last saw her alive on May 6, 1961
Death occurred at 6:56 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u> | 22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u> | 22c. DATE SIGNED <u>5-8-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 8, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Memorial Gardens</u> | 23d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Miller Funeral Home, Farmington, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>May 8, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 17 1961

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.