

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

867-62-006421
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 867

FILED MAR 7 1962

1. PLACE OF DEATH
 COUNTY: Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City Length of stay in lb: 4 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Maria's Hosp. Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: Mo b. COUNTY: Jackson
 c. CITY OR TOWN: Kansas City Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location): 406 So. Oakley Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last: HENRY HARRISON BREWER
 4. DATE OF DEATH: Month 2 Day 13 Year 1962
 5. SEX: male
 6. COLOR OR RACE: white
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH: 5/18/1896
 9. AGE (last birthday): 65 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): yard master
 10b. KIND OF BUSINESS OR INDUSTRY: Railroad
 11. BIRTHPLACE (City and state or country): Nashville, Tenn
 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Brewer
 13b. MOTHER'S MAIDEN NAME: Ann
 14. NAME OF HUSBAND OR WIFE: Lita Mae Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes us ar
 16. SOCIAL SECURITY NO.: -
 17. INFORMANT: Carl Brewer 6903 E. 95 Terr. Address: K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Uremia
 DUE TO (b) Hypertensive and Arteriosclerotic Cardiovascular Dis
 DUE TO (c) years
 INTERVAL BETWEEN ONSET AND DEATH: 14 mos
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT, SUICIDE, HOMICIDE:
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour 8:20 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 Nov 26 '60 to Feb 13, 62 and last saw him alive on Feb 12, 62
 Death occurred at 8:20 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hubert M. Parker MD
 22b. ADDRESS: 928 Argyle Bldg
 22c. DATE SIGNED: 2-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
 23b. DATE: 2/16/1962
 23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
 23d. LOCATION (City, town, or county) (State): Kansas City, Mo

24. FUNERAL DIRECTOR: C. H. Blackman & Son ADDRESS: K.C., Mo
 25. DATE RECD. BY LOCAL REG.: 2-14-62
 26. REGISTRAR'S SIGNATURE: Ruth Long

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

Hubert M. Parker 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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address K.C., 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.