

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026176

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 910

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1962

VS 300 Rev. 4/59

1 0128
2 8120
3 2
4 1
5 2
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7 0
8 0
9 199.2
10
11
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b 18 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE ILL b. COUNTY Madison
c. CITY OR TOWN Edwardville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) RR 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Frances Middle Brewer Last Brewer 4. DATE OF DEATH Month July Day 12 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 3-1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HR Hours 9 Min. 9

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

13a. FATHER'S NAME William H. Main 13b. MOTHER'S MAIDEN NAME Louise Gausser 14. NAME OF HUSBAND OR WIFE (Deceased) Isaac H. 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. 17. INFORMANT Address Mrs. Freida McMurry Piedmont 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) Malignant Ascites
DUE TO (b) Intra abdominal carcinoma
DUE TO (c) Primary site unknown
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 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 6-23-62 to 7-12-62 and last saw her 206 alive on 7-12-62
Death occurred at 7:47 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Maurice R. Beland, MD 22b. ADDRESS Poplar Bluff, Mo. 22c. DATE SIGNED 7-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-13-62 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill 23d. LOCATION (City, town, or county) (State) Granite City, Ill.

24. FUNERAL DIRECTOR ADDRESS William Godwin Piedmont, Mo. 25. DATE RECD. BY LOCAL REG. 7-26-1962 26. REGISTRAR'S SIGNATURE Helma Graham

USE BLACK INK OR TYPEWRITER RIBBON

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 Coder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Bedmont No.

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.