

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 133

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
Length of stay in 1b 15 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital #3		d. STREET ADDRESS (if outside, give location) 402 S. Cedar	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Limlie Jane Brewer			4. DATE OF DEATH Month Aug. Day 2 Year 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/83
9. AGE (last birthday) 79		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Clarence W. Simmons	
13b. MOTHER'S MAIDEN NAME Jenemia E. Hines		14. NAME OF HUSBAND OR WIFE J. W. 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. [REDACTED]	
17. INFORMANT Hospital Records Nevada, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			Years
DUE TO (c)			
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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
20d. Hospital Staff		20e. July 18 1963	
20f. Aug. 2, 1963		20g. Aug. 2, 1963	
21. I attended the deceased from 11:49 pm 8/2/63 to Aug. 2, 1963 and last saw her/him alive on Aug. 2, 1963			
Death occurred at viewed remains 12:10 am 8/3/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Esker, M.D.		22b. ADDRESS Nevada, Mo.	
22c. DATE SIGNED 8-2-63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/5/63	23c. NAME OF CEMETERY OR CREMATORY Deerfield	23d. LOCATION (City, town, or county) Deerfield, Mo.
24. FUNERAL DIRECTOR Richard L Shorten, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 8-7-1963	26. REGISTRAR'S SIGNATURE Anna E. Ferris

VS 300 Rev. 4/59
1/1080
2/1085
3
4 /
5 /
6
7 /
8 2
9/4200
10
11
12 93-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

10801
2301
1
1
1
8

STATEMENT BY LICENSED EMBALMER

0-EP

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 C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Meriden, 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.