

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004198  
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 3

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Tyrone</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Length of stay in lb <b>10 days</b>	d. STREET ADDRESS (If outside, give location) <b>4 1/2 Mi. South Tyrone</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>LOUISA</b> Last <b>BREWER</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>10,</b> Year <b>1959</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 7, 1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Texas County, Mo. C</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James White</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa White</b>	14. NAME OF HUSBAND OR WIFE <b>John Brewer (dec.)</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Ruby Kitchen,</b> Address <b>Cabool, Mo.</b>
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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) <b>coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <b>4201</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>12-31-58</b> to <b>1-10-59</b> and last saw her alive on <b>1-10-59</b> Death occurred at <b>11:35</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>David H. Welter M.D.</b> (Degree or title)	22b. ADDRESS <b>Cabool Mo</b>	22c. DATE SIGNED <b>1-12-59</b>
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23a. REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1-12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nagle Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Texas County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Elliott-Gentry, Cabool, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan. 19-59</b>	26. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 28 1959

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 *James L. Bentley* .....  
Licensed Embalmer No. *4718* .....  
P. O. Address *Calicoal, 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.