

FILED MAY 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 14387

BIRTH NO. REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS 0941 / 6 312 W. Columbia (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whiteway Nursing Home.			

3. NAME OF DECEASED (Type or Print) a. (First) Ed b. (Middle) Brewer c. (Last) Brewer			4. DATE OF DEATH (Month) (Day) (Year) May 3 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 9 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Robinson Co. Tennessee		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Brewer		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs George McCall, Farmington, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cystitis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 605x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 14, 1957**, to **May 3, 1957**, that I last saw the deceased alive on **May 2, 1957**, and that death occurred at **6:00 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE E. M. Stanfield (Degree or title) 20.2	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 5/6/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/6/57	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery
		24d. LOCATION (City, town, or county) (State) Farmington, Mo.

DATE REC'D BY LOCAL REG. May 6, 1957	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo. ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD 4

2890

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.