

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31221**

FILED OCT 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 99

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	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) <u>48 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>12 West Ninth St. (Carrollton)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>15 E. 9th Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Emery</u>	c. (Last) <u>Brewer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 1 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR (Specify) Hours <u>24</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Line Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Division Engineer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ellsberry Brewer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Strickler</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Brewer.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>443-03-8930</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Olive Brewer (Carrollton Mo.)</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Atherosclerosis</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION <u>9/28/53</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Carrollton (Carroll) Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27-53, 10-53, to 9-27-53 that I last saw the deceased alive on 9-27-53 and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Conrad R. Smith M.D.</u>	23b. ADDRESS <u>107 1/2 St. Carrollton, Mo.</u>	23c. DATE SIGNED <u>9/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/3/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall F. Home (Carrollton Mo.)</u>
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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.....
R.M. Newberry Jr.

Licensed Embalmer No. *4469*

P. O. Address *Carrollton*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 31221

State of Missouri }
County of Carroll } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 99

On this 29th day of October, 1953, before me appears

Dr. E.L. Smith, D.O., who, upon his oath, states that the original record of ^{birth} death

for William Emery Brewer, died ~~born~~ September 23, 1953, in the State of

Missouri, and which was filed at Carrollton on 10/3, 1953, should be corrected as follows:

Item No. 22 should read 9 - 23 - 53

Instead of 9 - 24 - 53

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E.L. Smith, D.O. None Relationship

107 1/2 St. Carrollton, Mo. Present Address.

Subscribed and sworn to before me this 29th day of October, 1953

My Commission expires December 31 - 1954 John B. Coffey, Notary Public

Clerk of Probate Court

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 31221

State of Missouri }
County of Carroll } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 99

On this 29th day of October, 1953, before me appears

R.M. Marshall, Sr., who, upon his oath, states that the original record of ^{birth} death for William Emery Brewer, died ~~born~~ September 23, 1953, in the State of Missouri, and which was filed at Carrollton on 10/3/, 1953, should be corrected as follows:

Item No. 4 should read 9 -23- 53

Instead of 9 -24- 53

Item No. 9 should read 67 Years 9 Months 22 Days

Instead of 67 " " " 9 " " " 23 " "

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R.M. Marshall None
Marshall General Home Relationship.
114-116 South Main St. Carrollton,
Missouri Present Address.

Subscribed and sworn to before me this 29th day of October, 1953

My Commission expires December 31-1954 John D. [Signature] Notary Public.
Clerk of the Probate Court