No. 300
10.48

0941
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17739

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington 0941
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Joella b. (Middle) Brewer c. (Last)

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1951

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 7 1872	78	10	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ste. Genevieve county Mo
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: George Petrie
13b. MOTHER'S MAIDEN NAME: Sarah Mills Petrie
14. NAME OF HUSBAND OR WIFE: John Brewer

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 ADDRESS: Mrs. Nellie Polston Farmington Mo

MEDICAL CERTIFICATION

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) Cardiac Occlusion — Thrombic — INTERVAL BETWEEN ONSET AND DEATH: 4-8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation. — 3 weeks
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: 42.01
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* 5-24, 1951, *that I last saw the deceased alive on* 5-24, 1951, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) D.O.
23b. ADDRESS: Farmington Mo.
23c. DATE SIGNED: 5-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 27 1951
24c. NAME OF CEMETERY OR CREMATORY: Three Rivers
24d. LOCATION (City, town, or county) (State): near Farmington, Mo.

DATE REC'D BY LOCAL REG.: May 26, 1951
REGISTRAR'S SIGNATURE: Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. H. Cozean Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 5 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____,

working under my personal supervision.

Student Embalmer No. _____

Signed C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.