

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 54

STATE FILE NUMBER 0019481

DO NOT WRITE
ON THIS STUB

AMENDED

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VS 300
Rev. 4/59

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Iron

Inside Limits

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN IrontonLength of stay in lb
2 daysc. CITY
OR
TOWN AnnapolisInside Limits
Yes No c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
St. Mary's of the OzarksInside Limits
Yes No d. STREET
ADDRESS
(If outside, give location)
general deliveryReside on Farm
Yes No 3. NAME OF DECEASED
(Type or print)First
MINNIE

Middle

Last
BREWER4. DATE
OF
DEATHMonth
June
Day
2, 1965
Year

5. SEX

female

6. COLOR OR RACE

white

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

Sept. 19, 1896

9. AGE (last birthday)

69

IF UNDER 1 YEAR
Months
Days
Hours
Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
at home10b. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (City and state or country)
Annapolis, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Andrew Lewis

13b. MOTHER'S MAIDEN NAME

Effie Rose Sutton

14. NAME OF HUSBAND OR WIFE

Irvin Richard Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none17. INFORMANT
Mrs. John Martin, Wentzville, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH
2 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause (last).

DUE TO (b)

Coronary Heart Disease

?

DUE TO (c)

Hypertrophied heart

?

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. Yes No Unknown19. WAS AUTOPSY
PERFORMED?
YES NO 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK
NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

5-29-65

6-2-65

and last saw her alive on 6-1-65

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
6/5/196523c. NAME OF CEMETERY OR CREMATORIAL
Annapolis Cemetery23d. LOCATION (City, town, or county)
Annapolis, Missouri
(State)

24. FUNERAL DIRECTOR

ADDRESS
White Funeral Home, Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Syle H. White

McAvis Jones

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF