

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 54

STATE FILE NUMBER

0019481

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in 1b
2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Iron

c. CITY OR TOWN Annapolis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR ADDRESS St. Mary's of the Ozarks

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
general delivery

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MINNIE

Middle

Last BREWER

4. DATE OF DEATH

Month June

Day 2

Year 1965

5. SEX female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday) 69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (City and state or country)
Annapolis, Missouri

12. 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)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT Address
Mrs. John Martin, Wentzville, Mo.

18. CAUSE OF DEATH (Give one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying 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 ☐ Unknown

19. 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 5-29-65 to 6-2-65 and last saw her alive on 6-1-65
Death occurred at 4:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED
6-2-65

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
6/5/1965

23c. NAME OF CEMETERY OR CREMATORY
Annapolis Cemetery

23d. LOCATION (City, town, or county)

Annapolis, Missouri

(State)

24. FUNERAL DIRECTOR

White Funeral Home, Ironton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-3-65

26. REGISTRAR'S SIGNATURE

Mrs. Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON