

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32654

State File No. _____
Registrar's No. 1195

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 1705 Francis Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1705 Francis			

3. NAME OF DECEASED (Type or Print) a. (First) George Brewer b. (Middle) Fullerton c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 6, 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmists	10b. KIND OF BUSINESS OR INDUSTRY retail	11. BIRTHPLACE (State or foreign country) Princeton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME T. M. Fullerton	13b. MOTHER'S MAIDEN NAME Fanetta Reeves	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Judson, 1705 Francis, St. Joseph	ADDRESS No.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10/27/50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Mitral Stenosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 10/14, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/23, 1950, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE Frank W. Hargrave (Degree or title) MD	23b. ADDRESS 670 Francis St. St. Joseph, Mo.	23c. DATE SIGNED 10/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/26/50	24c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	24d. LOCATION (City, town, or county) (State) Princeton, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 26, 1950 Carl C. Conroy	446	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bauman Funeral Home	ADDRESS St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

W. D. K. Throckmorton

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 *William Spalding*

Signed.....
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *2195 N. E. Joseph*

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.