

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40671**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 1102-D

390

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic		c. LENGTH OF STAY (In this place) 70 Years	c. CITY OR TOWN Republic
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pine Street		e. STREET ADDRESS (If rural, give location) Pine Street	

0390

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) ANN	c. (Last) BREWSTER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 29, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Chattanooga, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.S.A.
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13a. FATHER'S NAME Frances Treadway	13b. MOTHER'S MAIDEN NAME Ellen Parker	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Elmer Clark; Republic, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) TRAUMATIC SHOCK <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) PATHOLOGIC FRACTURE OF THE RIGHT FEMUR		
	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	19b. MAJOR FINDINGS OF OPERATION E9040 21	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Republic GREENE, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 26, 1904 2:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FALL
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22. I hereby certify that I attended the deceased from 1948, to Dec. 3, 1954, that I last saw the deceased alive on Dec. 2, 1954, and that death occurred at 4:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.E. Mitchell, M.D.	23b. ADDRESS Republic, Missouri	23c. DATE SIGNED 12-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/54	24c. NAME OF CEMETERY OR CREMATORY Lindsey Cemetery	24d. LOCATION (City, town, or county) (State) Republic, Missouri
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DATE REC'D BY LOCAL REG. 12-14-54	REGISTRAR'S SIGNATURE Carroll Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fournier	ADDRESS Republic, Missouri
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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 *John A. McNamee*.....

Licensed Embalmer No. *462*.....

P. O. Address *Republic*.....

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.