

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002081

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 9

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Madison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>807 S. Mine La Motte 40 yrs.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>807 S. Mine La Motte</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Barney</b> Middle <b>Brewington</b> Last <b>Brewington</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>27,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 31, 1910</b>	9. AGE (In years less birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b> Hours <b>14</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Mill</b>	11. BIRTHPLACE (City and state or country) <b>Knob Lick, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Charles Brewington</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Kemp</b>		14. NAME OF HUSBAND OR WIFE <b>Lester Mae Brewington</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-18-6837</b>	17. INFORMANT Address <b>Fredericktown, Mo.</b> <b>Mrs. Lester Mae Brewington, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary <del>arteriosclerosis</del> with Congestive Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>					<b>3 yrs.</b>
DUE TO (c) <b>4/20/14</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Jaundice Due to Possible Cancer of Pancreas.</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <b>Aug. 11, 1958</b> to <b>Jan. 27, 59</b> and last saw him alive on <b>Jan. 27, 59</b> Death occurred at <b>10:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles Michael M.D.</b>			22b. ADDRESS <b>135 S. Mine La Motte Fredericktown Missouri</b>		22c. DATE SIGNED <b>Jan 29 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marcus Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>		
24. FUNERAL DIRECTOR <b>Najim Funeral Home, Fredericktown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-29-1959</b>	26. REGISTRAR'S SIGNATURE <b>Lawrence Licker</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 MAR 8

1959 JUN 7

VS JUNI 7 1959 SF

2559-9

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 Paul M. [Signature]

Licensed Embalmer No. 4852

P. O. Address Fredericktown, MD

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.