

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42034**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5949** Registrar's No. **59**

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

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pike | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Pike | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Linn | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) Bowling Green | | d. STREET ADDRESS (If rural, give location) Home |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WILLIAM c. (Last) BREWSTER | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1949 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH JAN 31 1979 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 10 Days 20 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Thyer Indiana | | 12. CITIZENSHIP OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME James S. Brewster | | 13b. MOTHER'S MAIDEN NAME Mary C. Rice | 14. NAME OF HUSBAND OR WIFE Alice Louise Brewster | | |
| 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'S SIGNATURE OR NAME ADDRESS Mrs. C. W. Brewster Bowling Green | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 6 months 2 years 177x |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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) | 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 August 1949 , to Dec 20, 1949 , that I last saw the deceased alive on Dec 20, 1949 , and that death occurred at 12:30 AM , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Ed M. Hunter MD | | | 23b. ADDRESS Bowling Green MO | | 23c. DATE SIGNED Dec 24 49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12 21 1949 | 24c. NAME OF CEMETERY OR CREMATORY Crosswell | 24d. LOCATION (City, town, or county) (State) Golden Eagle Ill | | |
| DATE REC'D BY LOCAL REG. 12-24-49 | REGISTRAR'S SIGNATURE Bill Robinson | 25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead | ADDRESS Bowling Green MO | | |

RECEIVED JAN 1 1950
District Health Officer No. 10
District File Number 1-20-33
Date filed JAN 1 1950

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 _____

Student Embalmer

Signed Joseph C. Hicks

Licensed Embalmer No. 4597

P. O. Address Banking Green, mo.

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.