

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton 45662
State File No.

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4520 Registrar's No.

1. PLACE OF DEATH a. COUNTY Texas 1070		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Summersville		c. CITY OR TOWN Summersville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 21 yrs		e. STREET ADDRESS (If rural, give location) 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) JAMES (Type or Print)		b. (Middle) MATT		c. (Last) BREWINGTON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28-1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Feb. 20-1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 9	IF UNDER 2 HRS. Hours 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J M Brewington		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Mary E. Brewington	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Brewington Rt 1 Snsbille, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4200
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 _____, 1947, to Nov 28, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 9 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. F. H. Hampton, D.O.	23b. ADDRESS Summersville	23c. DATE SIGNED Jan 5
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 1-53	24c. NAME OF CEMETERY OR CREMATORY Helm	24d. LOCATION (City, town, or county) (State) Summersville, Mo.
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DATE REC'D BY LOCAL REG. 1-12-54	REGISTRAR'S SIGNATURE Anna Roberts 433-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 G. Linneman*

Licensed Embalmer No. *251*

P. O. Address *M. T. Lee*

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.