

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3611

State File No.

FILED FEB 9 1954

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> c. LENGTH OF STAY (In this place) <u>10 minutes</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arrow Rock</u> d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles N.E. Napton</u>	
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3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Brewe</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2nd, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 2nd, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>			11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Brewe</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Kateman, Napton, Mo. R. # I.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paraplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Congestion of lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES ☐ NO ☒
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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) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 28, 1954, to Feb. 2, 1954, that I last saw the deceased alive on Feb. 1st, 1954, and that death occurred at 9-30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. L. Lawless, M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>2-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-4-54</u>	REGISTRAR'S SIGNATURE <u>Lindsey T. Gray</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis, Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0972
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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
Student Embalmer

Signed _____

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.