No. 300
10.48

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

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1736

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5765 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: MADISON 0620
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. MICHAELS
c. LENGTH OF STAY (in this place): 24 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MILL CREEK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ST. MICHAELS 0620
d. STREET ADDRESS (If rural, give location): MILL CREEK 0

3. NAME OF DECEASED (Type or Print)
a. (First): CICERO
b. (Middle): —
c. (Last): BREWINGTON

4. DATE OF DEATH (Month) (Day) (Year): JAN. 2. 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 19, 1875
9. AGE (In years last birthday): 79
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: A. P. BREWINGTON
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF ~~HUSBAND OR~~ WIFE: LOTTIE BREWINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPANISH AMER.
16. SOCIAL SECURITY NO.: 495-16-9399
17. INFORMANT'S SIGNATURE OR NAME: MRS. LOTTIE BREWINGTON
ADDRESS: MILL CREEK, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastasis from Ca. of Prostate — 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): Prostatic Carcinoma — 6 yrs +
DUE TO (c):

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: 177 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 22, 1954, *to* Jan 2, 1955, *that I last saw the deceased alive on* Jan 1, 1955, *and that death occurred at* 3:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Michaelis MD.
23b. ADDRESS: Fredericktown Mo 135 S. Mine La Motte
23c. DATE SIGNED: Jan 3 '55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/3/1955
24c. NAME OF CEMETERY OR CREMATORY: MARCUS MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): MADISON CO. MO.

DATE REC'D BY LOCAL REG.: 1-3-1954
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE: T. Adamson
ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

LADIES COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JAN 11 1955
RECEIVED

FILE No. 155-1

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 Raymond Wilson
Licensed Embalmer No. 4884
P. O. Address Fredericktown

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.