

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041684

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 191

FILED DEC 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MACON</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>CLARENCE</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>SAMARITAN HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>BENJAMIN</u> Last <u>BREWINGTON</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>27</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 9, 1970</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER - TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>	9. AGE (last birthday) <u>91</u>
11. BIRTHPLACE (City and state or country) <u>MO SHELBY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>S. M. BREWINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WEBB</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>MRS. MARTHA BREWINGTON</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal lobar pneumonia</u> DUE TO (b) <u>cerebral vascular accident</u> DUE TO (c) <u>cardio-renal vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48h.</u> <u>72h.</u> <u>YEARS.</u> <u>2 MONTHS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>4:30</u> a.m. p.m. Month, Day, Year <u>11-25-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>CLARENCE</u> COUNTY <u>MO</u> STATE <u>MO</u>
21. I attended the deceased from <u>11-25-61</u> to <u>11-27-61</u> and last saw <u>him</u> alive on <u>11-27-61</u> Death occurred at <u>4:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alan Knoll</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>12-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV 29 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>
24. FUNERAL DIRECTOR <u>BREFFING CLARENCE MO</u>		25. DATE RECD. BY LOCAL REG. <u>12/9/61</u>	26. REGISTRAR'S SIGNATURE <u>Kath McNeely</u>

MS DEC 13 1991

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 Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Clarence

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.