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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25883  
Registrar's No. 2630

FILED AUG. 16 1941 01

Primary Registration District No. 5930

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Merion (RURAL) Tins  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8 miles north of Bolivar, mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar  
(If outside city or town limits, write "RURAL") 1

(d) Street No. Dunnegan street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Thomas Sherman Brobisky

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male  5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased: June 28 1909  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>0</u>	<u>19</u>	hr. _____ min.

9. Birthplace Bolivar Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business manual labor

MOTHER FATHER {

12. Name Thomas J. Brobisky

13. Birthplace Collins Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Reed

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Brobisky

(b) Address Bolivar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director White-Erwin

(b) Address Bolivar Mo.

19. (a) 8/27/41 (b) J. P. Robert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that deceased the deceased from  
July-17-1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 7-17-41  
(c) Where did injury occur? Public Road  
(City or town) (County) (State) Polk Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? yes (Specify type of place) (Means of injury)

23. Signature Healy with 3 Carriers (M. D. or other)

Address Bolivar, Mo Date signed 8-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

8-41-1329

Date Filed

8-14-41

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Willard B. Erwin*

Licensed Embalmer No.

3092

P. O. Address

Balmar, MO.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.