

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20474

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 205	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (in this place) <i>2 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural (Atterville Township)</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bathwell Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1 mile East of Atterville</i>			
3. NAME OF DECEASED (Type or Print) <i>ELIZABETH - ANN - BRODERSEN</i>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>June 22, 1949</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Sept. 8, 1932</i>	
9. AGE (Years last birthday) <i>16</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School girl</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Arthur Brodersen</i>		13b. MOTHER'S MAIDEN NAME <i>Maudie Thomas</i>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Arthur Brodersen, Atterville, Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Hemorrhage</i> DUE TO (c) <i>Fossilized artery</i> II. OTHER SIGNIFICANT CONDITIONS <i>Hemophilia Hereditary</i>				INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i> <i>18 hours</i> <i>5101</i>	
19a. DATE OF OPERATION <i>6-22-49</i>		19b. MAJOR FINDINGS OF OPERATION <i>Dilated bowels</i>				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) <i>Sedalia Pettis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 <i>6-21</i> , 19 <i>49</i> , to <i>6-22</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>6-22</i> , 19 <i>49</i> , and that death occurred at <i>6 a</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Chas D Osborne</i>				23b. ADDRESS <i>Sedalia Mo</i>		23c. DATE SIGNED <i>6-23-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 24, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Atterville, Mo</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>June 23, 1949</i>		REGISTRAR'S SIGNATURE <i>Betty Yeager</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hays Painter Atterville, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUL 5

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-49

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.

Signed Robert L. Painter

Signed _____
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.