

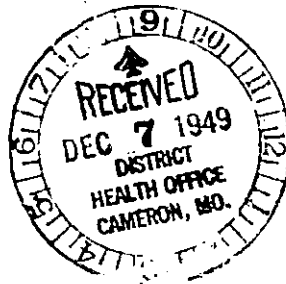
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40036**

FILED DEC 8 1949

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Green Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Green Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Sheridan			
3. NAME OF DECEASED (Type or Print)		a. (First) David		b. (Middle) Ethan		c. (Last) Brogan	
4. DATE OF DEATH		(Month) 11		(Day) 28		(Year) 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12 8 1865	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 11 Days 20		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Spring Dale Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Caleb Brogan				13b. MOTHER'S MAIDEN NAME Mariah Curl		14. NAME OF HUSBAND OR WIFE Anna Brogan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Brogan Sheridan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov 2 , 1949, to Nov 28 , 1949, that I last saw the deceased alive on Nov 28 , 1949 and that death occurred at 11:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. P. Gentry M.D.				23b. ADDRESS Marionville Mo.		23c. DATE SIGNED 12-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-1-1949		24c. NAME OF CEMETERY OR CREMATORY Brethern cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Mo.	
DATE REC'D BY LOCAL REG. Dec. 5-1949		REGISTER'S SIGNATURE John E. Dawson		345		25. FUNERAL DIRECTOR'S SIGNATURE Arch. C. Dunfee	
						ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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

Arch C. Duffee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.