

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12193

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 8

0150  
1

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton Mo 154r</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton 0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Delivery</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>L</u> c. (Last) <u>Brener</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>June 22 1898</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>51 9 17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Army Service</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown, USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY SERIAL # NO. <u>10 526 577</u>	17. INFORMANT'S SIGNATURE OR NAME <u>War Records + Abbott Woolery</u> ADDRESS <u>Camdenton</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>death</u> <u>sudden</u> <u>42.01</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last.  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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased VIEWED on April 9, 1950, to April 9, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abbie Bankson Woolery, Cooner, 3</u>	23b. ADDRESS <u>Camdenton Mo.</u>	23c. DATE SIGNED <u>4/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>13 APT-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Kan.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 11-1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u> ADDRESS <u>Camdenton Mo</u>
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OCT 31 1950

AUG 15

RECEIVED  
District Health Officer No. 7,  
District File Number 3-50-376  
Date Filed 4-18-50

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 John Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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.