

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27420

State File No.

FILED SEP 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5664</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Reddish</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Reddish</u> <u>15602</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi N. Of LaBelle, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>9 mi. north of La Belle, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sara</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Brosius</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 31, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 12, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 mos. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Lewis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Artie Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>William Starr Brosius</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>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne Morrow, LaBelle Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Same</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes (Cause)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> <u>260X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LaBelle, Mo Lewis Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>LaBelle, Mo Lewis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Feb 28, 1950</u> , to <u>Aug 29, 1950</u> that I last saw the deceased alive on <u>Aug 29, 1950</u> , and that death occurred at <u>11:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Carter D.D.V.</u>				23b. ADDRESS <u>LaBelle, Mo</u>		23c. DATE SIGNED <u>Aug 31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaBelle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>R. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Marden</u>		ADDRESS <u>Knudley, Mo</u>	

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

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Date Received: **SEP 1 1 1950**
DISTRICT HEALTH OFFICE #
District File Number *9-50-*
Date Filed: **SEP 1 2 1950**

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 *Don Marler* _____

Licensed Embalmer No. *4430* _____

P. O. Address *Iron 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.