

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11949

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL GALLATIN TOWNSHIP	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.		d. STREET ADDRESS (If rural, give location) 1 1/2 MILES SO. OF NASHUA, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ESME c. (Last) BRONAUGH			4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1951		
5. SEX MA	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 13, 1873	9. AGE (In years last birthday) 77	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME DAVID T. BRONAUGH	13b. MOTHER'S MAIDEN NAME MARY WALLER	14. NAME OF HUSBAND OR WIFE LUCILE WILSON
--------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LUCILE BRONAUGH	18. ADDRESS GASHLAND, MO. RR1
--	------------------------------	---	-------------------------------

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pyelonephritis		3 mos f
		DUE TO (c) Prostatic Hypertrophy, Benign		2 yrs f
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Degenerative Heart Disease		3 yrs f

19a. DATE OF OPERATION 4-7-51	19b. MAJOR FINDINGS OF OPERATION Suprapubic drainage done	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) (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 2-16, 1951, to 4-14, 1951, that I last saw the deceased alive on 4-14-51, and that death occurred at 12:55 AM from the causes and on the date stated above.

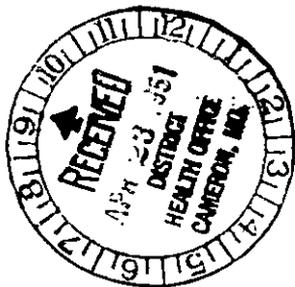
23a. SIGNATURE (Name or title) Otto J. Novota, M.D.	23b. ADDRESS Smithville, Missouri	23c. DATE SIGNED 4-14-51
---	-----------------------------------	--------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE APR. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY	24d. LOCATION (City, town, or county) (State) BARRY PLATE CO. MISSOURI
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. 4-13-51	REGISTRAR'S SIGNATURE Beulah Kitchew	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TYLER-PASLEY FUNERAL HOME LIBERTY MO.
----------------------------------	--------------------------------------	--

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

240



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 Donald W. Hanks

Licensed Embalmer No. 45-28

P. O. Address Smithville, Missou

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.