

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13351**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4345** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Matthews</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Matthews</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>ANDERSON</b> c. (Last) <b>BROMLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Dec. 14, 1882</b>		9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR: Months <b>2</b> Days <b>13</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Cleveland, Alabama</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Robert Bromley</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Hertie Jane Bromley</b>	
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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) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecil Bromley - Blythville, Ark.</b> ADDRESS <b>0720</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		DUE TO (b) _____				1 year?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>	
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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) <b>4200</b>	
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 **Feb 26, 1951**, to **Feb 26, 1951**, that I last saw the deceased alive on **Feb 26, 1951**, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. C. Cutchlow</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Seheston, Mo</b>		23c. DATE SIGNED <b>March 7 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 2, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>		24d. LOCATION (City, town, or county) (State) <b>Miss. Co. Mo</b>	
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DATE REC'D BY LOCAL REG. <b>4-12-51</b>		REGISTRAR'S SIGNATURE <b>Helene Louise Jones</b>		GENERAL DIRECTOR'S SIGNATURE <b>David Shelby Eastman, Mo</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

720

RECEIVED

APR 17 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *Maris Shelby* .....

Licensed Embalmer No. *2726* .....

P. O. Address *East Prairie, 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.