

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15423

18

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No.			
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 Sheridan				d. STREET ADDRESS (If rural, give location) Sheridan					
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)		c. (Last) Brogan		4. DATE OF DEATH (Month) (Day) (Year) 4 22 1951			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5 24 1879			
9. AGE (In years birthday) 80		10. IF UNDER 1 YEAR 10		11. IF UNDER 14 HRS. 28		12. IF UNDER 14 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Springdale Iowa			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Josiah Collins				13b. MOTHER'S MAIDEN NAME Amanda Reed		14. NAME OF HUSBAND OR WIFE David Brogan			
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 Emmor 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				4201					
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)		21f. HOW DID INJURY OCCUR?			
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"/>							
22. I hereby certify that I attended the deceased from March 16, 1951 , to April 22, 1951 , that I last saw the deceased alive on April 21, 1951 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE R. G. Garton				23b. ADDRESS D.O. Remondino		23c. DATE SIGNED 4-25-51			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 4 24 1951		24c. NAME OF CEMETERY OR CREMATORY Brethren Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Mo.			
DATE REC'D BY LOCAL REG. May 3-1951		REGISTRAR'S SIGNATURE Peta 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.