

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16245

State File No. _____

0390
1.

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boone</u> <u>0390</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Ash Grove Mo. RFD 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ash Grove Mo RFD 1</u>		d. STREET ADDRESS (If rural, give location) <u>Ash Grove Mo. RFD 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Irene</u> c. (Last) <u>Brosnan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>October 16/1893</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Mooney</u>		13b. MOTHER'S MAIDEN NAME <u>Aucilla Mead</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard A. Brosnan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard A. Brosnan</u> ADDRESS <u>Ash Grove R1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Debility and Toxemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Metastatic C.A. Spine</u> DUE TO (c) <u>Primary C.A. Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks.</u> <u>6 Mo.</u> <u>Not Known</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15.3 X</u>						A	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 May 10, 1951, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas F. Math, M.D.</u>		23b. ADDRESS <u>Ash Grove Mo.</u>		23c. DATE SIGNED <u>6-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>			

DATE RECD BY LOCAL REG. <u>6/2/51</u>		REGISTRAR'S SIGNATURE <u>Irene P. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Birch</u> ADDRESS <u>Ash Grove Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 51-6-33

Date Filed 6-5-51

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 Richard E. Watts

Licensed Embalmer No. #4652

P. O. Address Ash Grove, TN

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.