

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19097**
Registrar's No. **26**

FILED MAY 21 1952

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6/62**

1040

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

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY OR TOWN Reeds Spring Mo.	c. LENGTH OF STAY (in this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds Spring, Ruth	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1040	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Brouner c. (Last) Brouner	4. DATE OF DEATH (Month) (Day) (Year) May 5 1952
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5. SEX m	6. COLOR OR RACE W.h.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 2	8. DATE OF BIRTH Sept 13-1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mahala Brouner
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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) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helma Stutz ADDRESS Reeds Spring, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyonephritis DUE TO (c) Don't know		
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 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Apr 10 1952** to **May 5 1952**, that I last saw the deceased alive on **May 5 1952**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L.S. Skimate MD (Degree or title)	23b. ADDRESS Reeds Spring Mo	23c. DATE SIGNED 5/7/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7-1952	24c. NAME OF CEMETERY OR CREMATORY Eisenhan	24d. LOCATION (City, town, or county) (State) Galena Mo 07-2
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DATE REC'D BY LOCAL REG. May 7-52	REGISTRAR'S SIGNATURE Mrs. J. Elmer Brouner	25. FUNERAL DIRECTOR'S SIGNATURE Everett L. Cheatham ADDRESS Galena Mo
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Lucinda Murray (Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address

Halena 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.