

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23744

State File No. _____

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5125</u>		Registrar's No. <u>805</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Center Twp.</u>		c. LENGTH OF STAY (in this place) <u>68 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Center Twp.</u>		<u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 1/2 miles south on old Highway #71</u>				d. STREET ADDRESS (If rural, give location) <u>8 1/2 miles south on old highway #71</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>H.</u> c. (Last) <u>Bromell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1952</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>February 6, 1871</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>12</u> Days <u>12</u>		IF UNDER 1 YEAR Months <u>12</u> Days <u>12</u>		IF UNDER 1 YEAR Hours <u>12</u> Min. <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Summersville, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles H. Bromell</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Bromell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lora Brownell, Faucett, Missouri</u>			
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) <u>Stroke, (Vobas)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> <u>12 days</u> 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"/>	
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) _____		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 <u>July 18, 1952</u> to <u>July 28, 1952</u> , that I last saw the deceased alive on <u>July 29, 1952</u> , and that death occurred at <u>7:15 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D. L. Durham M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>7-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/31/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Halleck Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Taos Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 31, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home</u> <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

110
110

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.....

W.E. Edwards

Licensed Embalmer No. *4791*

P. O. Address *319 So 10 St. Joplin, 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.