No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1954

State File No. 23593

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD
c. LENGTH OF STAY (In this place): 2 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK
d. STREET ADDRESS (If rural, give location): 0210 1

3. NAME OF DECEASED (Type or Print)
a. (First): ERNA
b. (Middle): M.
c. (Last): LA BONTA

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 9-17-1874
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (City and State or Foreign Country): BRUNSWICK MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HANS C. TIMPKE
13b. MOTHER'S MAIDEN NAME: TARESA BENECKE
14. NAME OF HUSBAND OR WIFE: WIDOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: RAYMOND LA BONTA
ADDRESS: BRUNSWICK 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterosclerosis — 15 yrs.
DUE TO (c) Hypertension — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 15yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 6 *19* 52, *to* July 21, *1954, that I last saw the deceased alive on* July 21, *1954, and that death occurred at* 7 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE J. R. Fowler (Degree or title) D.O.
23b. ADDRESS: Brunswick, Missouri
23c. DATE SIGNED: 7/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-24-1954
24c. NAME OF CEMETERY OR CREMATORY: ELLIOTT GROVE
24d. LOCATION (City, town, or county) (State): BRUNSWICK MO.

DATE REC'D BY LOCAL REG.: 7-26-54
REGISTRAR'S SIGNATURE: Nadine Stanfield
25. FUNERAL DIRECTOR'S SIGNATURE: L. Macsil
ADDRESS: Brunswick 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 L M Cousins

Licensed Embalmer No. 823

P. O. Address Brunswick Me

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.