

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30063

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Christian <i>RURAL So GALLOWAY TWP. Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Galena Mo. Rt. # 2</i>		c. LENGTH OF STAY (in this place) <i>2</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Galena Mo. Rt. # 2 Mo</i>		e. STREET ADDRESS (If rural, give location) <i>Galena Mo. Rt. # 2 0220</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Elmer</i> b. (Middle) c. (Last) <i>Brosseau, Jr</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 20, 1954</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 18, 1930</i>	9. AGE (In years last birthday) <i>24</i>	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) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>

13a. FATHER'S NAME <i>Elmer Brosseau</i>		13b. MOTHER'S MAIDEN NAME <i>Opal Adams</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>431-52-9433</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Juanita Brosseau, Galena, Mo. Rt. # 2</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Instant?</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broken Neck</i>		DUE TO (b) <i>Automobile accident</i>		E8164 26	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Possible skull fracture over left eye. Ribs Broken Loose from Sternum, indist. Side</i>					
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) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway #65</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Highlandville Christian Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept. 20-1954 6:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Two Car collision; Car owned by C.E. Painter, Springfield, Mo. skidded on wet pavement into Path of Car driven by deceased.</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Opelan Harris</i>		23b. ADDRESS <i>Chester Mo.</i>		23c. DATE SIGNED <i>Sept. 22-1954</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9/23/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Maple Park</i>	
		24d. LOCATION (City, town, or county) (State) <i>Aurora MO</i>			

DATE REC'D BY LOCAL REG. <i>Sept 30 1954</i>		REGISTRAR'S SIGNATURE <i>Luella Leonard</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. J. Marsh Aurora Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1924
\$ 100
8-10-24

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.....
Signature of Student Embalmer

Signed *F. B. Chaffin*.....

Licensed Embalmer No. *218*

P. O. Address *Ozark*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.