

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36642**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Uregon	
b. CITY OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Alton	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		e. STREET ADDRESS (If rural, give location) 0750/1	

3. NAME OF DECEASED (Type or Print)	a. (First) BONNIE	b. (Middle) LOU	c. (Last) BRADEN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 2, 1904	9. AGE (In years last birthday) 50	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Alton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME E. L. Strosnider Strosnider	13b. MOTHER'S MAIDEN NAME Minnie Boze	14. NAME OF HUSBAND OR WIFE Joe Braden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Carl Braden	ADDRESS St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Chronic glomerulonephritis		4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia		many years unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **10-29-1954** to **11-1-1954**, that I last saw the deceased alive on **11-1-1954** and that death occurred at **3:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Robert Chaylton	(Degree or title) Poplar Bluff, Mo.	23b. ADDRESS	23c. DATE SIGNED 11/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-3-54	24c. NAME OF CEMETERY OR CREMATORY Smithe Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Mo.
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DATE REC'D BY LOCAL REG. 11/18/54	REGISTRAR'S SIGNATURE R. H. Muntz	25. FUNERAL DIRECTOR'S SIGNATURE Carle J. ...	ADDRESS Alton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 22 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 H. L. S. 4 Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Phil A. Jenschel
Licensed Embalmer No. 29

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.