

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41675**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5728** Registrar's No. **28**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Macon County</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> |  |
| b. CITY OR TOWN <b>Road, Rural</b>                  |  | c. CITY OR TOWN <b>Macon</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>2 yrs.</b>     |  | e. STREET ADDRESS (If rural, give location) <b>6 Miles E. of Macon</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b> |  |  |  |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>CLARA</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>BROONER</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12-23-1954</b>         |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>10-17-1873</b>                                 | 9. AGE (in years last birthday) <b>81</b> | IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b> Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House hold</b>           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                              |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Mason Easterbrook</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Roberts</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Deceased</b>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>X</b> |  | 16. SOCIAL SECURITY NO. <b>X</b>              |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dewey Miller, Macon, Mo.</b> |  |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive and Arteriosclerotic Heart Disease</b> |  |  |
|  | DUE TO (c)   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 **12/22 1954**, to **12/23 1954**, that I last saw the deceased alive on **12/23 1954**, and that death occurred at **3:30** p.m., from the causes and on the date stated above.

|   |   |  |   |                                  |  |
|---|---|--|---|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>James E. Campbell, M.D.</b> |   | 23b. ADDRESS <b>Macon, Mo</b>                            |   | 23c. DATE SIGNED <b>12/28/54</b> |  |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>          | 24b. DATE <b>12-26-1954</b>                 | 24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cmty.</b>   | 24d. LOCATION (City, town, or county) (State) <b>Macon, Co. Mo.</b> |                                  |  |
| DATE REC'D BY LOCAL REG. <b>1-1-54</b>                          | REGISTRAR'S SIGNATURE <b>Arthur McNeely</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harkeley Hawkins</b> | ADDRESS <b>Shelby, Mo.</b>  |                                  |  |

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 1.5.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 18.54.208  
Date Filed 1.6.55

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 *W. H. Harris*

Licensed Embalmer No. 349  
P. O. Address *Shelburne*

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.