

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15037

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 55-35

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lockwood Mo</u>		c. CITY OR TOWN <u>Greenfield Mo</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1da</u>		STREET ADDRESS (If rural, give location) <u>College t 0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Brotherton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 19; 1874</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dundas inn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Thomas Gallagher</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Morrison</u>		14. NAME OF HUSBAND OR WIFE <u>James M Brotherton</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Houston Northfield; Minn.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Hypertension, Essential</u> DUE TO (c) <u>Arteriosclerosis, generalized</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u>			<u>5 yrs +</u> <u>5 yrs +</u> <u>5 days</u>

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 5-9, 1955, to 5-14, 1955, that I last saw the deceased alive on 5-14, 1955, and that death occurred at 1:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lee G Mc Neely MD</u>		23b. ADDRESS <u>Greenfield, Mo</u>		23c. DATE SIGNED <u>5-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-15-55</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Dundas</u>	
24d. LOCATION (City, town, or county) (State) <u>Dundas Minn</u>					

DATE REC'D BY LOCAL REG. <u>5-14-55</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

90

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.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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.