

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37259

STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 13

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits give TOWNSHIP only) Inside Limits OR TOWN <u>Cape Girardeau</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>		c. CITY OR TOWN <u>Near Gordonville</u> ^{Outside Limits} Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South East Hospital - 11th</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>3 Mi. W. Gordonville</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Henry</u> Middle <u>Louis</u> Last <u>Brotherton</u>				Month <u>Nov.</u> Day <u>18</u> Year <u>1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<u>Feb. 28 - 1933</u>		9. AGE (In years last birthday) <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory Making Shoes</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Patton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13. FATHER'S NAME <u>Floyd Brotherton</u>				14. MOTHER'S MAIDEN NAME <u>Ella Ruesler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-34-9996</u>		17. INFORMANT <u>Mrs Louise Brotherton</u> ^{Wife} Address <u>Gordonville</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Severe (Cerebral) Concussion</u>							
Conditions, if any, which gave rise to above cause (a) <u>Basilar Skull Fracture</u>							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Accretion of Aorta</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
Hour <u>8:55</u> Month <u>Nov.</u> Day <u>18</u> Year <u>1956</u>			20f. CITY, TOWN, OR LOCATION <u>Gordonville</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>				
21. I attended the deceased from <u>Nov. 18, 1956</u> , to <u>Nov. 18, 1956</u> and last saw <u>him</u> alive on <u>Nov. 18, 1956</u> . Death occurred at <u>8:55 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Walter C. Kasten, M.D.</u>				22b. ADDRESS <u>937 Broadway Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>Nov. 20, 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov. 20-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lion Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>	
24. FUNERAL DIRECTOR <u>Denette-Laird Jackson</u> ADDRESS <u>11-22-56</u>			25. DATE REC'D. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		

(Licensed Embalmer's Statement on Reverse Side)

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

016

4-0

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 *R. O. Laird*

Licensed Embalmer No. *45*

P. O. Address *Jackson*

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