Health, Welfare Public Service 22 0 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028918
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 872

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clinton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp. — Length of stay in 1b 18 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Calhoun 04200 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) General Delivery — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle KNOX Last BRONAUGH

4. DATE OF DEATH Month Aug Day 20 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 14, 1877
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 6 Days 6 — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Calhoun Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME James H Bronaugh
13b. MOTHER'S MAIDEN NAME Lina Knox
14. NAME OF HUSBAND OR WIFE Katie Bronaugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Katie Bronaugh Address Calhoun Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute monocytic leucemia — INTERVAL BETWEEN ONSET AND DEATH 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 2042
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950 to Aug. 1958 and last saw her him alive on 20 Aug. 1958
Death occurred at 4 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh B. Walker, MD (Degree or title)
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 21 Aug. 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/23/58
23c. NAME OF CEMETERY OR CREMATORY Calhoun
23d. LOCATION (City, town, or county) Calhoun (State) Mo

24. UNDERTAKER SCHABERG FUNERAL HOME ADDRESS 214 SO. SECOND PH. 454 CLINTON MO
25. DATE RECD. BY LOCAL REG. 8-21-58
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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. L. Schelling

Licensed Embalmer No. 4513

P. O. Address Clinton Miss

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.