

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009226  
STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5886 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside limits, give TOWNSHIP only) OR TOWN <u>Mtn. View</u>		c. CITY OR TOWN <u>Mtn. View, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS <u>Rt. #2</u>	
Length of stay in lb <u>2 Hrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Ray</u> Last <u>BROONER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 24, 1915</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Industry</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sawyer</u>	11. BIRTHPLACE (City and state or country) <u>Doniphan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Ray Brooner</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Gobble</u>	14. NAME OF HUSBAND OR WIFE <u>Eula Mae Brooner</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give year or dates of service) <u>Yes WW 2</u>	16. SOCIAL SECURITY NO. <u>495-07-2680</u>	17. INFORMANT <u>Eula Mae Brooner, Mtn. View, Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>unknown toxin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
DUE TO (b) <u>unknown</u>		
DUE TO (c) <u>9718</u>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>3-20-59 4/AM</u> and last saw her alive on <u>3-20-59</u> Death occurred at <u>Approx 8 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M.C. Walton M.D.</u> (Degree or title)	22b. ADDRESS <u>Mtn. View, Mo.</u>	22c. DATE SIGNED <u>3-21-59.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-22-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bpps Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>
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24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
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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.....Fred W. Barnes.....

Licensed Embalmer No....4614.....  
P. O. AddressWillow Springs,

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.