Dept. Health, Duc., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

190

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020375
STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Scopus — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Sedgewickville — Length of stay in 1b Life Time

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Bollinger
c. CITY OR TOWN Near Sedgewickville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Brotherton
4. DATE OF DEATH Month May Day 29 Year 1959
5. SEX F.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 14-1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months 11 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Keeping House
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Crites
13b. MOTHER'S MAIDEN NAME Susan Kibler
14. NAME OF HUSBAND OR WIFE Harry Broterton Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John Roe Address Sedgewickville Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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) Cardio-vascular
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 4214

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 Jan 1st 1958 to May 29th 1959 and last saw her alive on May 27th 1959
Death occurred at 5:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin Crites M.D. (Degree or title)
22b. ADDRESS Sedgewickville Mo.
22c. DATE SIGNED 6/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-31-59
23c. NAME OF CEMETERY OR CREMATORY Post Oak Cemetary
23d. LOCATION (City, town, or county) (State) Near Patton Mo.

24. FUNERAL DIRECTOR Deneke-Laird Jackson Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6/11/59
26. REGISTRAR'S SIGNATURE Mrs. Buford Crider

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.