

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 8 1959 53

59-039184

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 443

RECEIVED

1. PLACE OF DEATH a. COUNTY Cape Girardera				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardera, Mo.		Length of stay in 1b 10 Days		c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Walter Lee Middle Bromley Last				4. DATE OF DEATH Month Nov. Day 15 Year 1959					
5. SEX Mail		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-12-1893		9. AGE (last birthday) 66 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: 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 Reterd Farmer		11. BIRTHPLACE (City and state or country) Blunt Co., Ala.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert Bromley			13b. MOTHER'S MAIDEN NAME Rhoda Taylor			14. NAME OF HUSBAND OR WIFE Mandy Bromley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mandy Bromley East Prairie, Mo. Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <input checked="" type="checkbox"/> Acute pulmonary edema DUE TO (b) Art. Hyp Heart Disease DUE TO (c) Also carcinoma of prostate							INTERVAL BETWEEN ONSET AND DEATH 24 hrs. stroke of		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given (e.g., metastasis to bones, tubercular renal calculi & renal abscesses and multiple bladder diverticuli)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 _____			
21. I attended the deceased from 9-22-56 to 11-15-59 and last saw her/him alive on 11-15-59 Death occurred at 7:10 p.m. 11-15-59 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) L.R. Seabury M. D.			22b. ADDRESS 219 No. Pacific Cape Girardeau, Mo.			22c. DATE SIGNED 11-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 18-59		23c. NAME OF CEMETERY OR CREMATORY Dogwood		23d. LOCATION (City, town, or county) (State) Mississippi Count Missouri			
24. FUNERAL DIRECTOR Travis Shelby East Prairie, Mo.				25. DATE RECD. BY LOCAL REG. 12-1-1959		26. REGISTRAR'S SIGNATURE Dwaine Kasten			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Thomas Shelby

Licensed Embalmer No. 4940

P. O. Address East Point

02-21-22
02-21-22
02-21-22

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.