

Health,  
Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1059

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5-508 Registrar's No. 692

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DEER CREEK TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PH 2, HER HOME</u>			Length of stay in 1b <u>40 YRS.</u>			d. STREET ADDRESS (If outside, give location) <u>PH 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Florence M. Bronaugh</u>				4. DATE OF DEATH Month Day Year <u>JAN. 13 1958</u>			
5. SEX <u>FEMALE</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>JULY 9, 1888</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>HENRY Co. MO.</u>		12. CITIZENSHIP & WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ELLET HUEY</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Palmer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>T. F. Bronaugh, Clinton Mo. PH 2</u>			
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>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Acute Pulmonary edema</u>		DUE TO (c) <u>Bronchial Asthma</u>		Interval between onset and death <u>1/2 hour</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>241X</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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 Hour Month, Day, Year a. m. p. m.							
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 <u>Death on Arrival 1/13/58</u> and last saw her alive on _____ Death occurred at <u>3 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. C. L. Hellingman M.D.</u>				22b. ADDRESS <u>Clinton Mo.</u>		22c. DATE SIGNED <u>1/14/58</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Burial</u>	<u>Jan. 16, 1958</u>	<u>Wethlehem Cemetery</u>		<u>Clinton Mo.</u>		<u>PURPA</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ed. Vassant, Clinton Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-15-58</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

JAN 23 1958

MAY 21 1958

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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.....*H. d. Vaisant*

Licensed Embalmer No. *371*

P. O. Address ..*Clinton*

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.