

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26790**

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5552 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN "R" Dry Creek Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Dry Creek Twp.	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) Pomona, Mo., Rt. 2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) VACHEL b. (Middle) BRADFORD c. (Last) BROWER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 8, 1881	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Brower		13b. MOTHER'S MAIDEN NAME Susan Henderson		14. NAME OF HUSBAND OR WIFE Maude Carver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME wife, Pomona, Mo. Rt. 2 ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure, Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Arterio-Sclerosis		3	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		XX		331X	

19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X X X X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XX		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? XX	

22. I hereby certify that I attended the deceased from 7/31/1949 to 8/6/1949, that I last saw the deceased alive on 8/6/1949, and that death occurred at 8:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE W. H. Thompson, M.D. (Degree or title)		23b. ADDRESS West Plains, Missouri		23c. DATE SIGNED 8/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	
		24d. LOCATION (City, town, or county) (State) Dry Creek Twp. Howell, Mo.			

DATE REC'D BY LOCAL REG. 8-30-49		REGISTRAR'S SIGNATURE Marathalee Ballard		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson ADDRESS West Plains, Mo.	
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N.S. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8/16/49
District Health Officer No. 5,
District File Number 849575
Date Filed 8/17/49

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
Student Embalmer

Signed Hal Thombur

Licensed Embalmer No. 3408

P. O. Address West Pla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.