

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33423

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4166 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weatherby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weatherby	
c. LENGTH OF STAY (In this place) 44 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Glenna	b. (Middle) Lois	c. (Last) Bromley	4. DATE OF DEATH (Month) (Day) (Year)
				Oct, 17 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb, 13, 1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Neb,	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Moore	13b. MOTHER'S MAIDEN NAME Molley Sweet	14. NAME OF HUSBAND OR WIFE Floyd Bromley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Floyde Bromley Weatherby Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 171X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of right lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of the cervix DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1945	19b. MAJOR FINDINGS OF OPERATION Cancer of the cervix	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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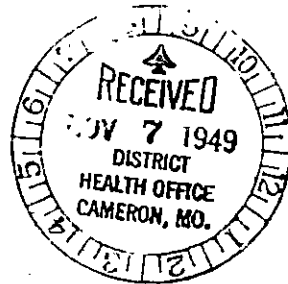
22. I hereby certify that I attended the deceased from 1945, 19, to Oct 17, 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 5:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Patton M.D.	23b. ADDRESS Pattonsburg Mo	23c. DATE SIGNED Oct 17, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Hopewell	24d. LOCATION (City, town, or county) (State) Weatherby Mo
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DATE REC'D BY LOCAL REG. 11-3-49	REGISTRAR'S SIGNATURE Roscoe Anderson	82	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John E. Patton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Signed John Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Wayville 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 this body is not embalmed, fact should be so stated above.