

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

786

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>	
c. LENGTH OF STAY (In this place) <u>40 day</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>E.</u>	c. (Last) <u>COOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 25, 1921</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Minn., North Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Bronston</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>(D)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW Two</u>	16. SOCIAL SECURITY NO. <u>Unkn.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vet. Adm. Hospital Records, Springfield, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Embolism, pulmonary arteries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis, superior mesenteric vein</u> DUE TO (c) <u>(Peritonitis, localized, lower half peritoneal cavity, Hecto-sigmoid fistula. Abscess, cul de sac, gangrenous.</u>		

19a. DATE OF OPERATION <u>1/18/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to granulomatous mass and extensive adhesions, This was 12th operation for intestinal obstruction</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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 Dec. 21, 1949, to Jan. 30, 1950, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Eisele</u> (Degree or title) <u>M.D., Chief Professional Sv.</u>	23b. ADDRESS <u>O'Reilly VAH, Springfield, Mo.</u>	23c. DATE SIGNED <u>Jan 30 '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-31-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain View, MO</u>
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DATE REC'D BY LOCAL REG. <u>2-1-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lerman Schaefer</u>	ADDRESS <u>Springfield</u>
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(If licensed Embalmer's Statement on Reverse Side)

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 Gene Hunter

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, N

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.