

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5241

State File No.

BIRTH NO. _____ REG. DIST. NO. 778 PRIMARY REG. DIST. NO. 5660 Registrar's No. 28

0560

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

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

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3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>ALFORD</u>	c. (Last) <u>BRONSTINE</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>MARCH</u>	<u>5</u>	<u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 23, 1884</u>	9. AGE (In years last birthday)	<u>66</u>	IF UNDER 1 YEAR (Months) (Days)	<u>4</u> <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>LEWIS COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>FRED BRONSTINE</u>	13b. MOTHER'S MAIDEN NAME <u>AMELIA JANE ROWE</u>	14. NAME OF HUSBAND OR WIFE <u>SALLY BELL BRONSTINE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SALLY BELL BRONSTINE</u> ADDRESS <u>LEWISTOWN, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cocaine of Louis Bowler</u> DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?	

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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from August, 1950, to March 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A Lee C. Thompson</u> (Degree or title) <u>2 DO</u>	23b. ADDRESS <u>Lewistown, Mo</u>	23c. DATE SIGNED <u>March 7, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>3/8/51</u>		24d. LOCATION (City, town, or county) (State) <u>CLARK COUNTY MISSOURI</u>

REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Conover</u> ADDRESS <u>Lewistown, Mo</u>
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Date Received: MAR 13 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-515'8
Date Filed: MAR 13 1951

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.