

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7722

1640

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARMA 0720	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) CHRISTIAN c. (Last) BROREIN			4. DATE OF DEATH MARCH 28 1951
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED-DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 31, 1867
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) OHIO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEBHART BROREIN		13b. MOTHER'S MAIDEN NAME SOPHIA GRACELEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME James W. Abernethy		R-1 ADDRESS SIKESTON, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/24, 1951, to 3/28/51, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 12:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. Abernethy M.D. (Degree or title)		23b. ADDRESS Cape Girardeau Mo.	
23c. DATE SIGNED 3/29/51			
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE APRIL 1, 1951	
24c. NAME OF CEMETERY OR CREMATORY BUCKLAND CEMETARY		24d. LOCATION (City, town, or county) (State) BUCKLAND OHIO	
DATE REC'D BY LOCAL REG. 3-29-1951		REGISTRAR'S SIGNATURE C. C. Summers	
44		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Knight	
		ADDRESS Malden, Mo.	

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

POST 25 1951

APR 26 1951

RECEIVED

APR 3 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address Malden, 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.