

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12176**
Registrar's No. **89182**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5144**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived? If institution, residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rombauer		c. LENGTH OF STAY (in this place) 25 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION At. Home, Rombauer, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rombauer	
		d. STREET ADDRESS (If rural, give location) None.	

3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) CARLYLE c. (Last) BRIM			4. DATE OF DEATH (Month) (Day) (Year) April 2, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1864	9. AGE (In years last birthday) 87	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (State or foreign country) Unknown, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Maude Brim
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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maude Brim, Rombauer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Physiologist		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac failure		
	DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 **3-20, 1952**, to **3-24, 1952**, that I last saw the deceased alive on **3-24, 1952**, and that death occurred at **7:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Martel, M.D.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 4-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Rombauer Cemetery
		24d. LOCATION (City, town, or county) (State) Rombauer, Mo.

DATE REC'D BY LOCAL REG. 4-18-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	428-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Funeral Chapel, Poplar Bluff, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-208

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bl.

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.