

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5577

State File No.

No. 300
10.48

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>McDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANBY</u>		c. CITY OR TOWN <u>Southwest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>72 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>06001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>HAMER</u> c. (Last) <u>BROUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 5 1866</u>	9. AGE (In years) <u>87</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORO Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>LEWIS WILLIAM BROUS</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE CRILEY</u>		14. NAME OF HUSBAND OR WIFE <u>RUBY BROUS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Brous, Southwest City Mo</u>	
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) <u>Chronic Rheumatic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute congestive heart failure</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>12 DAYS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) _____		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 <u>2-24</u> <u>1954</u> , to <u>3-4</u> <u>1954</u> , that I last saw the deceased alive on <u>3-4</u> <u>1954</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Melvin M. Cullough, M.D.</u>			23b. ADDRESS <u>Sav. Bk Bldg. Neosho Mo</u>		23c. DATE SIGNED <u>3/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>	
DATE REC'D BY LOCAL REG. <u>MAR. 5 1954</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u> <u>225</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson Sr. Neosho Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

130

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 354-40

Date Filed MAR 12 1954

NEOSHO, MISSOURI

NOV 25 1955

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 _____
Signature of Student Embalmer

Signed Ray L. Adams

Licensed Embalmer No. 49

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.