

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7602

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>Cameroon</u>	c. LENGTH OF STAY (in this place) <u>85</u>	c. CITY OR TOWN <u>CAMERON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameroon Hosp.</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCIOUS</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>BROMLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 30 1955</u>
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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>Oct. 9. 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 Hrs. Hours _____	IF UNDER 1 Hrs. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BARBERING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lodi Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Daniel H. Bromley</u>	13b. MOTHER'S MAIDEN NAME <u>Rebekah A. Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie M. Bromley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie M. Bromley</u>	ADDRESS <u>Cameroon</u>
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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) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>20 yrs.</u>
	DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4221</u>
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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 2-22, 1955, to 3-30, 1955, that I last saw the deceased alive on 3-29, 1955, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Wetherston</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Cameroon Mo</u>	23c. DATE SIGNED <u>3-31-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Well Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weatherby MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-1-55</u>	REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u>	ADDRESS <u>CAMERON MO</u>
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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..

Student.....
Signature of Student Embalmer

Signed *Lee Moss Curran*

Licensed Embalmer No. *25*

P. O. Address *Cameron*

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.