

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9261**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 86

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

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>SAMUEL CHARLES BROKENSHERE</u>	<u>SAMUEL</u>	<u>CHARLES</u>	<u>BROKENSHERE</u>	<u>MARCH 22, 1955</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 29, 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>23</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.P. CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.K.T.R. PARSONS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL S. BROKENSHERE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FRANCIS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT FRANCIS BONNE TERRE MO</u>	ADDRESS <u>MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
*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>unknown</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"/>
		<u>4222</u>

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 Jan 1, 1945, to Mar 22, 1955 that I last saw the deceased alive on Jan, 1955, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Evans MD</u>	(Degree or title)	23b. ADDRESS <u>Bonne Terre MO</u>	23c. DATE SIGNED <u>2-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar 24, 1955</u>	REGISTRAR'S SIGNATURE <u>Etheridge</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Beckham</u>	ADDRESS <u>Hills BONNE TERRE 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 *C. J. Raywell*

Licensed Embalmer No. *270*

P. O. Address *Danville*

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.