

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32077

State File No.

FILED NOV 2 1955

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>316</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (If this place) <u>30 hrs.</u>		c. CITY OR TOWN <u>BORIN</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>Grim-Smith Hospital</u>				STREET ADDRESS (If rural, give location) <u>0997</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>IRENE</u>		c. (Last) <u>BROGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>C</u>		8. DATE OF BIRTH <u>Nov. 5, 1951</u>	
9. AGE (In years last birthday) <u>3</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) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Glark Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Brogan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Phillips</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Brogan, Borin, Mo.</u> ADDRESS _____			
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>Pneumonia, bilateral, lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>0561</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Whooping cough</u>						2. <u>2 wks.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____ 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 <u>Oct 28, 1955</u> , to <u>Oct 29, 1955</u> , that I last saw the deceased alive on <u>Oct 29, 1955</u> , and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Hudson M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>Oct 29, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>10-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Borin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Borin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-10-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gutting's</u> ADDRESS <u>Kabaka, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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. *Robert B. Davis*

Licensed Embalmer No. *421*
P. O. Address *Kirkville*

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.