

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36724

FILED DEC 2 1955

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton	c. LENGTH OF STAY (in this place) 9 yrs	c. CITY OR TOWN Ironton	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 106 West Russell		e. STREET ADDRESS (If rural, give location) 325 S. Shephard 0470	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) JAMES	c. (Last) BROMFIELD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 23 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tavern operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Graniteville Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joe Bromfield	13b. MOTHER'S MAIDEN NAME Mary Vigneaux	14. NAME OF HUSBAND OR WIFE ##
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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 R. L. Bromfield	ADDRESS 4132 Washington
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION St. Louis Mo.		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)
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 11-17, 1955, to 11-17, 1955, that I last saw the deceased alive on 11-17, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. McFritsch (Degree or title)	23b. ADDRESS Inspector	23c. DATE SIGNED 11-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-21-55	24c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park Ironton Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 12-2-55	REGISTRAR'S SIGNATURE Glyde A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

Arual J. White

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

SECRET

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 *Russell J. White*.....

Licensed Embalmer No. *2012*

P. O. Address *Irvington, N.Y.*

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.