

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1956

State File No. 766

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. MARTINS MO.		c. CITY OR TOWN ST. MARTINS	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) LIFE		e. STREET ADDRESS (If rural, give location) 0260 MARION TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARION TOWNSHIP			

3. NAME OF DECEASED (Type or Print)	a. (First) DANIEL	b. (Middle) FRANCIS	c. (Last) BRONDEL	4. DATE OF DEATH (Month) (Day) (Year) JAN. 23, 1956
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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 Nov. 20, 1878	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 3	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Martins, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH BRONDEL	13b. MOTHER'S MAIDEN NAME CAROLINE BROWN	14. NAME OF HUSBAND OR WIFE NONE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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.		INTERVAL BETWEEN ONSET AND DEATH 8 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardiovascular Disease</i>		
	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.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 1850, to 1852, that I last saw the deceased alive on ~~underson~~, 1952, and that death occurred at 3:50 A., from the causes and on the date stated above.

23a. SIGNATURE L. B. Hebl M.D.	(Degree or title) (23b. ADDRESS) Jefferson City, Mo	23c. DATE SIGNED 1-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/56	24c. NAME OF CEMETERY OR CREMATORY St. Martins	24d. LOCATION (City, town, or county) (State) St. Martins, Mo.
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DATE REC'D BY LOCAL REG. Jan. 25	REGISTRAR'S SIGNATURE Mrs. Mammie Hettewynne Sylvester	70-25 FUNERAL DIRECTOR'S SIGNATURE J. C. MO.	ADDRESS
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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..... *Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson City*

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.