

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013142
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 60

300

1-57

51

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611 8th St.		Length of stay in lb 9 Yrs.	d. STREET ADDRESS (If outside, give location) 611 8th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN EDWARD BROOKNER			4. DATE OF DEATH Month Day Year April 9, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/19/1870	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Age (with day) Months Days Hours Min. 88 0 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Masonry worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schenectady, N.Y. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Brookner		13b. MOTHER'S MAIDEN NAME Elizabeth Rickert		14. NAME OF HUSBAND OR WIFE Isabelle Brookner	
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. None	17. INFORMANT Address Mrs. Wm. Jeffries Monett, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis (same)		15 yrs	
		DUE TO (c) 4500			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1947 to 4-9-58 and last saw her alive on 4-7-58 Death occurred at 1:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank New MD (Degree or title)			22b. ADDRESS Monett Mo		22c. DATE SIGNED 4-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/11/58	23c. NAME OF CEMETERY OR CREMATORY Ever Green Cemetery		23d. LOCATION (City, town, or county) (State) Anita, Iowa
24. FUNERAL DIRECTOR J. D. Buchanan Monett, Mo.			25. DATE RECD. BY LOCAL REG. 4-9-58	26. REGISTRAR'S SIGNATURE Mrs. P.M. Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 458-82

DATE REC. 4-14-58

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 *J. A. Buchanan*

Licensed Embalmer No. 3179.....

P. O. Address Monett, Mo......

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.