

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED
58-014883
State File No. 252

FILED APR 22 1958

BIRTH NO.		REG. DIST. NO. 181	PRIMARY REG. DIST. NO. 4293	Registration No. 252	
1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. LENGTH OF STAY (in this place) WIFE		c. CITY OR TOWN ELSBERRY 0573	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE		f. STREET ADDRESS (If rural, give location) 507 DuBois			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) D.		c. (Last) BROTHER	
4. DATE OF DEATH APRIL 2, 1958		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 0		8. DATE OF BIRTH MAR. 4, 1893		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT-RET.		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, Mo. 0	
13a. FATHER'S NAME ALBERT A. BROTHER		13b. MOTHER'S MAIDEN NAME SARAH JANE SITTON		14. NAME OF HUSBAND OR WIFE NONE	
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. 493-03-6727		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HALLIE TEMPLE - Elsberry, Mo.	
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) Chronic nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular renal heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 442X	
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 Feb. 10, 1958, to April 2, 1958, that I last saw the deceased alive on April 1, 1958, and that death occurred at 3:37 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Robert M. Hull		23b. ADDRESS 216 Broadway, Elsberry, Mo.		23c. DATE SIGNED 4/2/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-4-58		24c. NAME OF CEMETERY OR CREMATORY CITY	
24d. LOCATION (City, town, or county) ELSBERRY, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. 4/19/1958		REGISTRAR'S SIGNATURE Mrs. Clarence Kintzy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O'Garra Leicks - Elsberry, Mo.	

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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 *[Handwritten Signature]*

Licensed Embalmer No...401

P. O. Address *[Handwritten: Elsberry]*

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.