URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS SEP 6 1960

60-030196
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 906

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 30 years
c. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 663 McCann — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: THOMAS Middle: EDWARD Last: BRONAUGH

4. DATE OF DEATH Month: August Day: 28, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: December 23, 1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months 8 Days 5
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Sales Representative
11. BIRTHPLACE (City and state or country): Boonville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frederick P. Bronaugh
13b. MOTHER'S MAIDEN NAME: Helen Myers
14. NAME OF HUSBAND OR WIFE: Lutye E. Bronaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Lutye E. Bronaugh Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Decompensation	3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis and	1 yr.
DUE TO (c)	Senile Emphysema	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1954, to Aug 28, 196 and last saw her/him alive on Aug 28, 1960
Death occurred at 8:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. P. Duncan (Degree or title) MD
22b. ADDRESS Springfield, MO
22c. DATE SIGNED 8/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 8-30-60
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
23d. LOCATION (City, town, or county) (State): Boonville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 9-2-60
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 8 1960

SEP 6 1960

Sn Duncan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L Doolin Gorman

Signature of Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.