

S. No. 2  
OM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16474

FILED JUN 13 1946  
Registration District No. 137

Primary Registration District No. 5536 Registrar's No. 69

1. PLACE OF DEATH:  
(a) County Holt Mo.  
(b) City or town Oregon (Rural) Lewis Township  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 Years  
In this community 59 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt Mo.  
(c) City or town Oregon (Rural) Lewis Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Edward Leigh Brodbeck  
(b) If veteran, name war None  
(c) Social Security No. None  
4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Watson Brodbeck  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased March 4 1862  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 19  
year 1946 hour 11 minute 20 P. M.  
21. I hereby certify that I attended the deceased from May 9 1946 to May 19 1946  
that I last saw him alive on May 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage 10 days  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 2 Days 15  
If less than one day hr. min.  
9. Birthplace Oregon Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business  
12. Name William Brodbeck  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Elvira Philbrick  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Hugh Wilson  
(b) Address Oregon, Missouri  
17. (a) Burial (b) Date thereof May 21 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oregon, Missouri  
18. (a) Signature of funeral director James H. Pettigrew  
(b) Address Oregon, Mo.  
19. (a) 5-21-46 (b) J. C. [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations [Signature]  
Of autopsy none  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? no injury  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature E. F. [Signature] (M. D. or other)  
Address Oregon, Mo. Date signed 5/20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
15356

**DISTRICT HEALTH OFFICE  
Cameron, 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon, 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 this body is not embalmed, fact should be so stated above.**