FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25315

FILED SEP 1 1948

Registration District No. .....

Primary Registration District No. 3000

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Nursing Home - #14 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr - 3 mos. (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

8 1 0 1

3. (a) PRINT FULL NAME Lindsey J. Brockman

3. (b) If veteran, name war —

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife deceased

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 28 (Day), 1867 (Year)

8. AGE: Years 81 Months 4 Days If less than one day ..... hr. ..... min.

9. Birthplace Clifton Hill (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Painter

11. Industry or business —

FATHER

12. Name Livingstone Brockman

13. Birthplace — (City, town, or county) Mo (State or foreign country) 0

MOTHER

14. Maiden name Sarah Baker

15. Birthplace — (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Mrs Dan M. Cobb

(b) Address Clifton Hill, Mo

17. (a) Trad (Burial, cremation, or removal) (b) Date thereof 8-28-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Madison (MADISON)

19. (a) 8-27-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 8 minute — A.M.

21. I hereby certify that I attended the deceased from 5/11/ 1947 to 8/25/ 1948 that I last saw him alive on 8/25/ 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory Failure

Due to Aneurysm of Aorta practically closed c̄ laminated Thrombus and partial coronary occlusion.

Due to Syphilitic Aortitis 5 JB

Other conditions Primary Adenocarcinoma of Prostate c̄ Metastases. (Include pregnancy within 3 months of death)

Major findings: ~~Of operations~~ Autopsy: Pass. Cong Liver; Acute Hemorrhagic Cystitis; Lung Metastases; and

Of autopsy That of above.

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature M. T. Gutensohn (M. D. or other) DO

Address Kirksville, Mo Date signed 8-25-48

WRITE PLAINLY—USING CAPS

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 8-48-1
Date Filed AUG 31 1948

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 [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

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.