

FILED JUN 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14799

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp /		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp Rural Williams Twp	
		d. STREET ADDRESS (If rural, give location) 7 Miles South East	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) None	c. (Last) Brockman	4. DATE OF DEATH (Month) (Day) (Year) May 27th 1949
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH March 29th 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Brockman	13b. MOTHER'S MAIDEN NAME Margret Eckhoff	14. NAME OF HUSBAND OR WIFE Bertha Boettjer
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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'S SIGNATURE OR NAME Mrs Bertha Brockman	ADDRESS Cole Camp Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4214
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infected Teeth DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **5-1-1949** to **5-27-1949**, that I last saw the deceased alive on **5-27-1949**, and that death occurred at **1205 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. R. ...	23b. ADDRESS Cole Camp Mo	23c. DATE SIGNED 5-28-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-30-1949	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) 7 Miles South East Cole Camp Mo
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DATE REC'D BY LOCAL REG. 5-28-49	REGISTRAR'S SIGNATURE E. L. Eckhoff 394	25. FUNERAL DIRECTOR'S SIGNATURE E. L. Eckhoff	ADDRESS Cole Camp Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 4-49-60

Date Filed 5-31-49

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
Student Embalmer

Signed _____

E. L. Eckhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.