

FILED JUL 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24351

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Rutherford P. Brockmiller			4. DATE OF DEATH July 19 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1877
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Month 3 Day 14	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (State or foreign country) Carlinville, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Conrad Brockmiller	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Amy Belle Brockmiller	
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. --	17. INFORMANT'S SIGNATURE OR NAME Edward C. Brockmiller
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-Intestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUODENAL ULCER Senility and General Debility	
INTERVAL BETWEEN ONSET AND DEATH 1 wk. unknown 5410		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 checked="" type="checkbox"/>
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)	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 7-18, 1949 , to 7-19, 1949 , that I last saw the deceased alive on 7-19, 1949 , and that death occurred at 6:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. H. Lovell M.D.		(Degree or title)	23b. ADDRESS Louisiana, Mo.
23c. DATE SIGNED 7-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 22, 1949	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Carlinville, Illinois
DATE REC'D BY LOCAL REG. July 20, 1949	REGISTRAR'S SIGNATURE Bernice Collier	374	25. FUNERAL DIRECTOR'S SIGNATURE George A. Hagner
ADDRESS			

RECEIVED JUL 25 1949
District Health Officer No. 10
District File Number 7-49-127
Date Filed JUL 25 1949

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 _____

working ~~under my personal supervision.~~ _____
Student-Embalmer No. _____

Student
Student Embalmer

Signed George O. Wagner
Licensed Embalmer No. 3703
P. O. Address Louisiana

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.