

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27125**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5576** Registrar's No. **273**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sibley)		c. CITY (If outside corporate limits, write RURAL and give township) Sibley	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) None used	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her own home			

3. NAME OF DECEASED (Type or Print)	a. (First) Rosa	b. (Middle)	c. (Last) Brockmeyer	4. DATE OF DEATH (Month) (Day), (Year) August 26 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28 1890	9. AGE (In years) (last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 11 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buffalo Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mr. Christson Arndt	13b. MOTHER'S MAIDEN NAME Rosa Clemens	14. NAME OF HUSBAND OR WIFE Mr. Paul Brockmeyer
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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 XX	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul Brockmeyer- Sibley, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension + Diabetes		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from May, 1949, to Aug. 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE D. W. Higgins (Degree or title)	23b. ADDRESS Buckner Missouri	23c. DATE SIGNED Aug. 27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 29/49	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery	24d. LOCATION (City, town, or county) (State) Buckner, Missouri Mo.
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DATE REC'D BY LOCAL REG. Aug. 28 1949	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon M. [Signature] Buckner, Mo.
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SEP 1 RECD

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

Ralph O Jones
Licensed Embalmer No. *4604*
P. O. Address *Buckner, 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.