

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34367

State File No.

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5738 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, La Plata Twp.</u>		c. LENGTH OF STAY (In this place) <u>29 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, La Plata Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East of La Plata</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. East of La Plata</u>		e. STREET ADDRESS <u>3 Miles East of La Plata</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Brokaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 3, 1867</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ebenezer Edwards</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Ballard</u>		14. NAME OF HUSBAND OR WIFE <u>Henry R. Brokaw</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Brokaw</u> ADDRESS <u>La Plata, Mo.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic and</u>			
DUE TO (c) <u>Hypertensive Heart Disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(None)</u>			
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) 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 <u>May 1, 1949</u> , to <u>October 7, 1949</u> , that I last saw the deceased alive on <u>October 7, 1949</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. Robert Knapp M.D.</u>		23b. ADDRESS <u>La Plata, Missouri</u>	23c. DATE SIGNED <u>10/8/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 11 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs O B Triffin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett M. Wilson</u>	ADDRESS <u>La Plata, Mo.</u>

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

5061-210N

RECEIVED 10/18/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 10/49/23
Date Filed 10/18/49

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 *Kenneth M. Wilson*

Licensed Embalmer No. *H 701*

P. O. Address *La Plata, 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.