

34468

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1949

Registrar's No. 53

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA</u>			c. LENGTH OF STAY (If this place) <u>3 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>TIPTON</u>		68 200	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>-</u> c. (Last) <u>DELWERTH-BROCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-49</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-27-1999</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 2 RES. Hours	IF UNDER 4 RES. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE-MACHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>WAYNE CO ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DELWERTH-M-BROCK</u>		13b. MOTHER'S MAIDEN NAME <u>ROZILLA-SLACK</u>		14. NAME OF HUSBAND OR WIFE <u>VELMA-MARIE-BROCK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys Nash Tipton Mo.</u> ADDRESS <u>Tipton 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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Skull -</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u></p>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 50</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>68</u> (STATE) <u>MO</u> <u>Moniteau</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 29 49 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto collision with truck</u>			
22. I hereby certify that I attended the deceased from <u>9-28</u> , 19 <u>49</u> , to <u>9-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>49</u> , and that death occurred at <u>4 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry Latham MD</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>9-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-5-49</u>		REGISTRAR'S SIGNATURE <u>H.R. Poppijny</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones</u>		ADDRESS <u>E. Richards, Tipton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED
District Health Officer No. 9,
District File Number

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 James E. Richards
Licensed Embalmer No. 3466
P. O. Address Leptoe, Me

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.