

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5817

BIRTH NO. 2365-50 REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD #2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 MILES SE EXCELSIOR SPRINGS		d. STREET ADDRESS (If rural, give location) 8 MILES SE EXCELSIOR SPRINGS	

3. NAME OF DECEASED (Type or Print) EDWARD REA BROCKERT			4. DATE OF DEATH (Month) (Day) (Year) FEB. 8, 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN 26, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD BROCKERT	13b. MOTHER'S MAIDEN NAME IDA M. DELUCE	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS EDWARD BROCKERT, EXCELSIOR SPRINGS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		DUE TO (b) Malnutrition		E9240 18
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Excelsior Springs, Mo. Ray Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 8 1950 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 26, 1950, to Feb. 8, 1950, that I last saw the deceased alive on Jan. 28, 1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 2/9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY O'DELL CEMETERY	24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, MO.
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DATE REC'D BY LOCAL REG. 2-9-50	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Claude Richard, Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20

RECEIVED

Public Health Officer No. 8,

3-2-50

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.