

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7900**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place) 68 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1017 Williams Street				d. STREET ADDRESS (If rural, give location) 1017 Williams Street			
3. NAME OF DECEASED a. (First) EDNA		b. (Middle) THRESA		c. (Last) BROCKMIRE		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 31, 1882	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 1 Days 16		IF UNDER 2 HRS. Hours 1 Min. 16			
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) Egypt Mills, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Edward Poe		13b. MOTHER'S MAIDEN NAME Margaret Fisher		14. NAME OF HUSBAND OR WIFE Lois Brockmire			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Louis Brockmire ADDRESS Cape Gir., Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess left lower ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Emphysema				521X	
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 11/3 , 19 49 , to 3/12 , 19 50 , that I last saw the deceased alive on 3/5 , 19 50 , and that death occurred at 11 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Kerin, M.D. (Degree or title)				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 3/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 3-13-1950		REGISTRAR'S SIGNATURE [Signature]		44 25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Cape Gir., Mo	

0164

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

JUN 17 1950

RECEIVED

MAR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-395

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.