

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9510**

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 276

0582

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>50 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>404 S. Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 S. Main St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET ABIGAIL</u> b. (Middle) <u>BROTT</u> c. (Last) <u>BROTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-16-1950</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar-23-1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (State or foreign country) <u>Covington Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Buell</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline G Remington</u>	14. NAME OF HUSBAND OR WIFE <u>Keller Brott</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u> <u>9 yrs. 5 & 7/11</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u> DUE TO (c) <u>had Chronic pancreatitis</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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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 Mar 14, 1950, to Mar 16, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Laman</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>3-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-18-50</u>	REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>	167	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Funeral Home Brookfield Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *J. L. Blacklock*.....
Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield 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.