

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13559

State File No. 5578

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2-0-32 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL COLUMBUS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL COLUMBUS 0	
c. LENGTH OF STAY (in this place) 48 yrs		d. STREET ADDRESS (If rural, give location) ROUTE 4 HOLDEN MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED. (Type or Print) a. (First) GEORGE HENRY b. (Middle) BROCKHAUS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 26 1877	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HERMAN BROCKHAUS		13b. MOTHER'S MAIDEN NAME CATHERINE LITKEMAN		14. NAME OF HUSBAND OR WIFE MARY HENDRICKA BROCKHAUS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Hendricka Brockhaus	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma		INTERVAL BETWEEN ONSET AND DEATH 190X
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.		

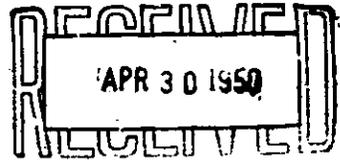
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION Treated w/ Xray	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **7-6**, 1950, to **4-19-50**, that I last saw the deceased alive on **4-15**, 1950, and that death occurred at **9** m., from the causes and on the date stated above.

23a. SIGNATURE R. F. M. King	(Degree or title) MD	23b. ADDRESS Waverly Mo	23c. DATE SIGNED 4-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE APRIL 22 1950	24c. NAME OF CEMETERY OR CREMATORY Summit Hill	24d. LOCATION (City, town, or county) (State) Waverly Mo

DATE REC'D BY LOCAL REG. Apr. 21, 1950	REGISTRAR'S SIGNATURE Sarah Ann Autbeloe	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Clayton & Rapp Holden Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.