

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24239**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 239	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		8804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1822 South Ingram				d. STREET ADDRESS (If rural, give location) 1822 South Ingram			
3. NAME OF DECEASED (Type or Print) a. (First) AMEL		b. (Middle) ERNEST		c. (Last) BROCKMAN		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 13, 1895	
9. AGE (In years last birthday) 55		10. MONTHS 0		11. DAYS 2		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Meat Processing		11. BIRTHPLACE (State or foreign country) S Cole Camp, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Brockman		13b. MOTHER'S MAIDEN NAME Catherine Heimsolf		14. NAME OF HUSBAND OR WIFE Mildred Brockman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I 499-07-8251		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Brockman, 1822 S. Ingram Sedalia, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mental Aberration DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH minutes 2 yrs. 6974X	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-15-50 8A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted, with intent.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE G. Rhodes, M.D., Deputy Coroner				23b. ADDRESS 312 1/2 S. Ohio St., Sedalia, Mo.		23c. DATE SIGNED 7-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/50		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 7/17/50		REGISTRAR'S SIGNATURE A. J. Campbell, M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Ewing Sedalia, Mo.			

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

RECEIVED 7-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-24-50

MAY 18 1962

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 _____

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.