

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19642**

BIRTH NO. _____		REG. DIST. NO. 5-8		PRIMARY REG. DIST. NO. 4087		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren		c. LENGTH OF STAY (in this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren		0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Van Buren				d. STREET ADDRESS (If rural, give location) Van Buren, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Fredric		b. (Middle) HAMMOND		c. (Last) BROKAW	
4. DATE OF DEATH		(Month) June		(Day) 3		(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec 11 1870		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fredric Vanhew BROKAW		13b. MOTHER'S MAIDEN NAME ANNA Cotilda Roberts		14. NAME OF HUSBAND OR WIFE CARRIE BROKAW			
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 ADDRESS W.A. BROKAW VAN BUREN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) and arterial hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				20. AUTOPSY? YES ☐ NO ☐	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-3 , 19 51 , to 6-3 , 19 51 , that I last saw the deceased alive on 6-1 , 19 51 , and that death occurred at 12:10 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Frank J. Rucinski				23b. ADDRESS D.O. Van Buren, Mo.		23c. DATE SIGNED 6-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/5/51		24c. NAME OF CEMETERY OR CREMATORY VAN BUREN Cemetery		24d. LOCATION (City, town, or county) (State) VAN BUREN, MISSOURI	
DATE REC'D BY LOCAL REG. June 13-51		REGISTRAR'S SIGNATURE Mrs. Octa Benson		25. FUNERAL DIRECTOR'S SIGNATURE Calvin M. ...		ADDRESS Van Buren Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

Allen C. McShane

Licensed Embalmer No.

4543

P. O. Address

Van Buren, 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.