

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23519**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. CITY (If outside corporate limits, write RURAL and give township) La Plata Rural 0611	
c. LENGTH OF STAY (If this place) 7 days		d. STREET ADDRESS (If rural, give location) Rural route 2 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Klepser Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) R	
c. (Last) Brokaw		4. DATE OF DEATH (Month) (Day) (Year) July 29 51	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-25-1864
9. AGE (In years last birthday) 86		10. KIND OF BUSINESS OR INDUSTRY owner	
11. BIRTHPLACE (State or foreign country) Henry Co. Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) Farmer		13a. FATHER'S NAME John Brokaw	
13b. MOTHER'S MAIDEN NAME Roda Brown		14. NAME OF HUSBAND OR WIFE A F Brokaw LaPlata	
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. no	
17. INFORMANT'S SIGNATURE OR NAME A F Brokaw LaPlata		ADDRESS La Plata	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES advanced age	
DUE TO (b) Morbid conditions, if any, giving 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		19b. MAJOR FINDINGS OF OPERATION 4201	
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 July 21 51 to July 29 51 , that I last saw the deceased alive on July 29 51 , and that death occurred at 5:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Klepser		23b. ADDRESS Edina, Missouri	
23c. DATE SIGNED July 29, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-31-1951	
24c. NAME OF CEMETERY OR CREMATORY La Plata		24d. LOCATION (City, town, or county) (State) La Plata MO.	
DATE REC'D BY LOCAL REG. Aug-1-1951		REGISTRAR'S SIGNATURE Dell S. Hundt	
FUNERAL DIRECTOR'S SIGNATURE D. S. Kristie		ADDRESS La Plata MO.	

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

1520
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OCT 30 1951

Date Received: AUG 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1404
Date Filed: AUG 6 1951

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 *D. S. Quishie*

Licensed Embalmer No. 1109

P. O. Address *To Plateau, 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.