

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27669**

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

0661

FILED AUG 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Eldon</u>		<u>0661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 S. Oak</u>				d. STREET ADDRESS (If rural, give location) <u>101 S. Oak</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Brockman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 14, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William S. Brockman</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Fitzgerald</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard Harbison</u> ADDRESS <u>Globe, Arizona</u>			
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) <u>Concussion of brain</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock and loss of blood</u> DUE TO (c) <u>Loss of blood</u> II. OTHER SIGNIFICANT CONDITIONS <u>Injury to liver and gall bladder</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>About 10 Hrs.</u>
19a. DATE OF OPERATION <u>Aug 15, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>E983x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldon Miller Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 14 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Violence</u>			
22. I hereby certify that I attended the deceased on <u>Aug. 15, 1951</u> , to <u>about 12:30 P.M.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10</u> , and that death resulted from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Hedges, Coroner</u> (Degree or title)				23b. ADDRESS <u>Theresa, Mo.</u>		23c. DATE SIGNED <u>8/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 18, 51</u>		REGISTRAR'S SIGNATURE <u>Alvanetta Walt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Phillips</u> ADDRESS <u>_____</u>		

RECEIVED

AUG 28 1951

MILLER COUNTY HEALTH  
DEPARTMENT

AUG 28 1951

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**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 Ernest L. Young

Licensed Embalmer No. 4785

P. O. Address Eldon, 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.