

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38800

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u> <u>051011</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAYIE</u> b. (Middle) <u>B.</u> c. (Last) <u>BROCKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 8 1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct. 9, 1883</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR: Days <u>0</u> Hours <u>29</u> Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Franklin County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>William PENNEY S.</u>		13b. MOTHER'S MAIDEN NAME <u>LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>William E. Brockman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William E. Brockman</u>		ADDRESS <u>LEWISTOWN, MO.</u>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>						<u>1 year</u>	
ANTECEDENT CAUSES		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		<u>Arthritis</u>				<u>3 years</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				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 May 17, 1951, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 6, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Larry L. Brockman</u> (Degree or title) _____		23b. ADDRESS <u>La Belle, Missouri</u>		23c. DATE SIGNED <u>Nov. 11, '51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>11-14-51</u>		REGISTRAR'S SIGNATURE <u>P. J. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold</u>		ADDRESS <u>LEWISTOWN, MO.</u>	
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(Licensed Burial Director's Statement on Reverse Side)

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

0560  
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Date Received: NOV 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-204  
Date Filed: NOV 17 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 Charles L. Arnold Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.