

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **144**

144

BIRTH NO. _____ **REG. DIST. NO.** 32 **PRIMARY REG. DIST. NO.** 4042 **Registrar's No.** I

1. PLACE OF DEATH
a. COUNTY **Bollinger**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo **Cape Gir. Co. - Cape County**

b. CITY (If outside corporate limits, write RURAL and give township) **Lutesville,** c. LENGTH OF STAY (in this place) **8-days**

c. CITY (If outside corporate limits, write RURAL and give township) **Lutesville, Mo.** d. STREET ADDRESS (If rural, give location) **Lutesville,**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Bonds Nursing Home,**

3. NAME OF DECEASED
a. (First) **Henry** b. (Middle) **brockmire,** c. (Last) **brockmire,** 4. DATE OF DEATH (Month) (Day) (Year) **1 1- 52**

5. SEX **male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed** **8. DATE OF BIRTH** **Aug 6 1870** **9. AGE** (In years last birthday) **81** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Farmer** **11. BIRTHPLACE** (State or foreign country) **Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** **10b. KIND OF BUSINESS OR INDUSTRY** **None** **11. BIRTHPLACE** (State or foreign country) **Cape Gir. County** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Henry Brockmire** **13b. MOTHER'S MAIDEN NAME** **Minnie Stoussing** **14. NAME OF HUSBAND OR WIFE** **Reyene Lange (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** **no** **17. INFORMANT'S SIGNATURE OR NAME** **Ed Brockmire** **ADDRESS** **Cape Girardeau**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cardiac Decompensation**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Mitral regurgitation**
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** **410X** **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) _____ **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 Dec 26, 1951, to Jan 1, 1952, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Everette L. Price D.O.** **23b. ADDRESS** **Lutesville, Mo.** **23c. DATE SIGNED** **1/3/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **1-4-52** **24c. NAME OF CEMETERY OR CREMATORY** **Lange Cemetery** **24d. LOCATION (City, town, or county) (State)** **Egypt Mills Mo**

DATE REC'D BY LOCAL REG. **Jan 8-52** **REGISTRAR'S SIGNATURE** **Willie Vandenburg** **FUNERAL DIRECTOR'S SIGNATURE** **Joe H. Hamell** **ADDRESS** **Cape Gir. Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

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 Howard L. Hannan

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, 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.