S. No. 300
v. 10.48

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FILED MAY 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13412

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL GROVER
c. LENGTH OF STAY (In this place) 39 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 MI SOUTH & WEST OF CONCORDIA, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL GROVER TWP 0510
d. STREET ADDRESS (If rural, give location) 5 MI SOUTH & WEST OF CONCORDIA MO.

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY
b. (Middle)
c. (Last) BROCKHOFF

4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MAY 13, 1861

9. AGE (In years last birthday) 90 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING

11. BIRTHPLACE (State or foreign country) CONCORDIA, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME AUGUST BROCKHOFF

13b. MOTHER'S MAIDEN NAME LINDA OETTING

14. NAME OF HUSBAND OR WIFE ANNIE BROCKHOFF DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT'S SIGNATURE OR NAME KARL BROCKHOFF
ADDRESS CONCORDIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — Several yrs
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 ☐ 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) m.

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* Apr. 25, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* Apr. 25, 19 52, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Brady, M.D. (Degree or title)

23b. ADDRESS Concordia, Mo

23c. DATE SIGNED 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 6, 1952

24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY

24d. LOCATION (City, town, or county) ERNESTVILLE (State) MO

DATE REC'D BY LOCAL REG. May 7 52

REGISTRAR'S SIGNATURE 149-0 Ernest L. Beatty

25. FUNERAL DIRECTOR'S SIGNATURE E. S. James
ADDRESS Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 8 1952
JOHNSON COUNTY HEALTH DEP

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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.