

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14794**

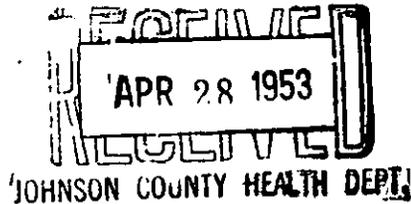
FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 102 S. Maguire St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 102 S. Maguire St.		d. STREET ADDRESS (If rural, give location) 102 S. Maguire St.	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Pearl c. (Last) Brockman		4. DATE OF DEATH April 19, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1882
9. AGE (in years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. H. Ramsey		13b. MOTHER'S MAIDEN NAME Katherine Simmerman	
14. NAME OF HUSBAND OR WIFE Derwood Brockman, deceased		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. P. N. Baker, Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Lt. Hemiplegia Healed from Polio	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493X F	
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 <u>7-11-1951</u> , to <u>4-19-1953</u> , that I last saw the deceased alive on <u>4-15-1953</u> , and that death occurred at <u>4:50 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE Charles M. Leland M.D. Warrensburg		23b. ADDRESS Warrensburg	
23c. DATE SIGNED 4-20-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Raymond Baker, Prof. Hostetler, Mo.	
DATE REC'D BY LOCAL REG. Apr. 22, 1953		REGISTRAR'S SIGNATURE Savannah Crestfield	



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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.