

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williams Twp</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williams Twp</u> <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 Miles East of Cole Camp</u>		d. STREET ADDRESS (If rural, give location) <u>9 Miles East of Cole Camp</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>Margareta Lisette</u>	c. (Last) <u>Brockman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9th 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31st 1875</u>	9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR Days _____	If UNDER 1 YEAR Hours _____	If UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry weinberg</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Mahnken</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Brockman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harold Brockman</u>	ADDRESS <u>Cole Camp 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>Congestion of lungs.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seridity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from never, 1919, to never, 19 , that I last saw the deceased alive on never, 19 , and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Brockman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>1/11/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem, Balke Fraire</u>	24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 11, 1954</u>	REGISTRAR'S SIGNATURE <u>E. L. Eckhoff</u> <u>394</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eckhoff</u>	ADDRESS <u>Cole Camp Mo</u>
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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 E. L. Eickhoff
Licensed Embalmer No. 130

P. O. Address _____ Cole Camp 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.