

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18428

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3623</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY OR TOWN <u>Garden City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>01401</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u>		b. (Middle) <u>Gehile Brockenridge</u>		c. (Last) <u>Brockenridge</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>7</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 30 - 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Brockenridge</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sickle</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Brockenridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>445-09-7674</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Shaw Brockenridge - Garden City, Mo.</u>			
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) <u>Bronchial Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>332x</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombotic Encephalomalacia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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>6-22</u> , 19 <u>55</u> , to <u>7-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-7</u> , 19 <u>55</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm C. Scindlerworth D.O.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>7-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-7-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson &amp; Gentry - Garden City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1955

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### 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.....  
Signature of Student Embalmer

Signed *Ray J. Henry* .....

Licensed Embalmer No. *468* .....

P. O. Address *Madison City* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above..