

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12119

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 72	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Vernon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Vernon</u>	
c. LENGTH OF STAY (In this place) <u>63 years</u>		c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>607 S. Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 S. Oak St.</u>				e. STREET ADDRESS (If rural, give location) <u>607 S. Oak St.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Gustav</u>		b. (Middle) _____		c. (Last) <u>Brokok</u>		6. COLOR OR RACE <u>Wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 24, 1876</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during that of working life, even if retired) <u>Tobacco</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Embsmann</u>		13b. MOTHER'S MAIDEN NAME <u>Embsmann</u>	
13c. NAME OF HUSBAND OR WIFE <u>Martha Louie Brokok</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>now</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Carl Brokok</u>	
16. ADDRESS <u>607 S. Oak Nevada, Mo.</u>		17. CAUSE OF DEATH		18. MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
18. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Thrombosis</u>		DUE TO (c) <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (a) _____		Conditions contributing to the death but not related to the disease or condition causing death.		21a. DATE OF OPERATION	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from <u>March 24, 1956</u> , to <u>Mar. 27, 1956</u> , that I last saw the deceased alive on <u>Mar 27, 1956</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.	
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)		22. I hereby certify that I attended the deceased from _____, to _____, that I last saw the deceased alive on _____, and that death occurred at _____, from the causes and on the date stated above.	
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?		23a. SIGNATURE <u>L. P. McCann</u> (Degree or title)	
23a. SIGNATURE <u>L. P. McCann, M.D.</u>		23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>		23c. DATE SIGNED <u>3-28-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home, Nevada, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L. Angles Ferry*.....

Licensed Embalmer No. *4*.....

P. O. Address *Nomad*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.