

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34684

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 120	
1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY LINN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Brookfield		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				e. STREET ADDRESS (If rural, give location) 222 W. North			
3. NAME OF DECEASED (Type or Print) a. (First) GERALD b. (Middle) BENNETT c. (Last) DEEM		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1956		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1916		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 0 Days 16	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Lineman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Brookfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oscar H. Deem		13b. MOTHER'S MARRIEN NAME Ada S. Bennett		13c. NAME OF HUSBAND OR WIFE Ramona A. Deem			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) Yes World War 2		16. SOCIAL SECURITY NO. 709-07-7522		17. INFORMANT'S SIGNATURE OR NAME Edna A. Deem, Brookfield, 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) Electric Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH Immediate	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9148 8	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tompkins Bridge		21c. (CITY, TOWN, OR TOWNSHIP) Brookfield (COUNTY) Linn (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 1 56 4:30m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? accidentally made contact exposed			
22. I hereby certify that I attended the deceased from Nov., 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30m., from the causes and on the date stated above.							
23a. SIGNATURE S.W. Deem (Degree or title) M.D.				23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 11/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) Brookfield (State) Mo.	
DATE REC'D BY LOCAL REG. 11-2-56		REGISTRAR'S SIGNATURE Katharine Johnson Dep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.			

(Licensed Embalmer's Statement of Reverse Side)

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

3

No. 300
10-48

1670

NOV 14 1956

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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.....
E. A. Larson

Licensed Embalmer No. *403*

P. O. Address *Beeklin*

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.