

FILED MAY 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

12580

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 141

Health,
Welfare
Public
Service300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JEFFERSON CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		Length of stay in 1b 1 week	d. STREET ADDRESS R R # 3		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle DE Last BROECK			4. DATE OF DEATH APRIL 20m 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 3, 1873	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Month Days Hours Min. 8 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) TAOS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JACOB DE BROECK			14. MOTHER'S MAIDEN NAME MARY LAUF		
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.		17. INFORMANT Address MRS. GERTRUDE DE BROECK J. C. MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Right lower lobe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Arteriosclerotic Heart disease					INTERVAL BETWEEN ONSET AND DEATH 7 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Apr 1952 to 4.20.57 and last saw her/him alive on April 20, 57 Death occurred at 3 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John J. Henthorn MD (Degree or title)			22b. ADDRESS 302 Bolman		22c. DATE SIGNED 4.22.57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/25/57	23c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier		23d. LOCATION (City, town, or county) (State) Taos, Mo.
24. FUNERAL DIRECTOR Josephine Rulle ADDRESS JC Mo		25. DATE RECD. BY LOCAL REG. 27 April 1957 - R.P. Norris MD		26. REGISTRAR'S SIGNATURE JR. MO.	

(Licensed Embalmer's Statement on Reverse Side)

68-0

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.....

Lynton Skille

Licensed Embalmer No. 432

P. O. Address J. C. No.

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.