

FILED SEP 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28708**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY OR TOWN Macon	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 111 West 2nd. Street		STREET ADDRESS (If rural, give location) 111 West 2nd Street	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fredrick c. (Last) Brockman			4. DATE OF DEATH Aug. 20, 1957 (Month) (Day) (Year)		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 27, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 24 HRS. Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired dairyman		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and State or Foreign Country) D Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Louis Brockman	13b. MOTHER'S MAIDEN NAME Louise Shearer	14. NAME OF HUSBAND OR WIFE Mary Louise Rabe
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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'S SIGNATURE OR NAME Mrs. Mary L. Brockman, Macon, Mo	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	442X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____	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 **Aug 14**, 19**57**, to **Aug 20**, 19**57**, that I last saw the deceased alive on **Aug 18**, 19**57**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard Guille Md. (Degree or title) D	23b. ADDRESS Macon	23c. DATE SIGNED 8/21/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery M	24d. LOCATION (City, town, or county) (State) Macon, Missouri
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DATE REC'D BY LOCAL REG. 8/30/57	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE H. Fester Bram	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 8.9.57
File No. 110199

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 *Howard Lyell*

Licensed Embalmer No. *74*

P. O. Address *Marion*

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.