

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36967
STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. **294** Primary Registration District No. **3056** Registrar's No. **263**

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Moberly Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Prairie Twonship 021 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital Length of stay in 4 days		d. STREET ADDRESS (If outside, give location) none: Near Prairie Hill Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lula Middle Last Brockman			4. DATE OF DEATH Month November Day 4 Year 1957
5. SEX female	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. 18, 1881
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY? United States		13. FATHER'S NAME James Simpson Gorham	
14. MOTHER'S MAIDEN NAME Denmie Grubbs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT J.H. Brockman: 9804 E. 34th: Independence, 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) Hypertensive hemorrhage DUE TO (b) Cerebral hemorrhage DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH 2 days 3 days ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1 57 to Nov 4 57 and last saw her ^{husb} alive on 11:15 A.M Death occurred at 11:16 - A.M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. Noel Rains D.O.		22b. ADDRESS Clifton Moberly Mo	
22c. DATE SIGNED 11-5-57		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 11-6-1957		23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	
23d. LOCATION (City, town, or county) (State) North of Clifton Hill, Missouri		24. FUNERAL DIRECTOR Tom B Patton ADDRESS Huntwell	
25. DATE RECD. BY LOCAL REG. 11-6-1957		26. REGISTRAR'S SIGNATURE Seablow	

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 *Tom B. Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntsville*

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.