

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39799

State File No. ....

FILED DEC 12 1957

BIRTH NO. ....		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>168</u>					
1. PLACE OF DEATH a. COUNTY <u>Bunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Bunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Kennett</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunklin Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RT</u>				0350			
3. NAME OF DECEASED (Type or Print) <u>CULLEN BRODHACKER</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>11-30-1957</u>			(Month) (Day) (Year)			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>			8. DATE OF BIRTH <u>3/21/1892</u>			9. AGE (in years last birthday) <u>65</u>			10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>9</u> Hours <u>9</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Day Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Day Labor</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi Co Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Mrs Adell Boone</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Nerdle Boone</u>			ADDRESS <u>Brigg City Mo</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>								
			DUE TO (c)								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Probably Carcinoma of Liver</u>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)			331X H		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1957, to <u>11-30</u> , 1957, that I last saw the deceased alive on <u>11-30</u> , 1957, and that death occurred at <u>11-A.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>D T Dempsey MD</u> (Degree or title)						23b. ADDRESS <u>Kennett, MO</u>			23c. DATE SIGNED <u>12-2-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>12/1/1957</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>			24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>		
DATE REC'D BY LOCAL REG. <u>12-3-1957</u>			REGISTRAR'S SIGNATURE <u>Coast Husband</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett &amp; Sons</u>			ADDRESS <u>Jackson Ark</u>		

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

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RECEIVED DUNALIN COUNTY HEALTH

DEPARTMENT 12-9

COUNTY FILE NUMBER 125

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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 Tom T. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark.

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.