

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

2276

STATE FILE NUMBER

Registration District No. 274

Primary Registration District No. 5937

Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twn.		c. CITY OR TOWN Greenridge	
c. FULL NAME OF HOSPITAL OR INSTITUTION 8m E of Windsor		d. STREET ADDRESS (If outside, give location) 8mi. E of Windsor	

3. NAME OF DECEASED (Type or print) First John Middle P. Last Brockman			4. DATE OF DEATH Month Jan. Day 3 Year 1958		
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5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1878	9. AGE (In years, months, days) 79	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ionia, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry C. Brockman	13b. MOTHER'S MAIDEN NAME Martha Dutcher	14. NAME OF HUSBAND OR WIFE Sadie Bruce
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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. 495-40-4391	17. INFORMANT Address Mrs. Sadie Brockman Greenridge
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.
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 (a)		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.) 331X
20c. TIME OF INJURY Hour _____ 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.) (D.O.A.)	20f. CITY, TOWN, OR LOCATION Greenridge	COUNTY Pettis	STATE Mo.
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21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at **1-3-58 @ 6:00 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

21. SIGNATURE Claude M. Shurber, M.D. (Degree or title)	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 1-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-5-1958	23c. NAME OF CEMETERY OR CREMATORY Ionia Cemetery	23d. LOCATION (City, town, or county) Ionia	(State) Mo.
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24. FUNERAL DIRECTOR Ellis Huston	ADDRESS Windsor, Mo	25. DATE RECD. BY LOCAL REG. 1-5-1958	26. REGISTRAR'S SIGNATURE Frances Shelby
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Clifford Louge*

Licensed Embalmer No. *5014*.....
P. O. Address *Windsor, Mo*.....

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.