

st. Health,  
, & Welfare  
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025111  
STATE FILE NUMBER

FILED AUG 12 1958		Registration District No. 119		Primary Registration District No. 5442		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MORRISON 0370		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MI. NORTH OF PERSHING		Length of stay in lb 63 YEARS		d. STREET ADDRESS (If outside, give location) 1 MI. NORTH OF PERSHING		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLOTTE WILHEMANA BROEKER				4. DATE OF DEATH Month Day Year JULY 27, 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 3, 1865	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) GERMANY 4		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME FREDERICK RIEKS		13b. MOTHER'S MAIDEN NAME — BOEKE		14. NAME OF HUSBAND OR WIFE August BROEKER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ARTHUR BROEKER MORRISON MO. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE						INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
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.) 4200				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 214-57, to 7-27-58 and last saw her alive on 7-16-58 Death occurred at 11:30 P M on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George M. Workman M.D.				22b. ADDRESS HERMANN MO		22c. DATE SIGNED 7-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 30 1958		23c. NAME OF CEMETERY OR CREMATORY LIONS E & R CHURCH CEMETERY		23d. LOCATION (City, town, or county) (State) PERSHING MO.	
24. FUNERAL DIRECTOR HUGO H. BLUMER - HERMANN, MO.				25. DATE RECD. BY LOCAL REG. 7-29-58		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 Chas. W. Pope .....

Licensed Embalmer No. 2552 .....

P. O. Address Herman .....

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.