Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002495
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN Moberly — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 1207 Emerson Street — Length of stay in Hospital 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1207 Emerson Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Sterling Middle Thomas Last Brockman

4. DATE OF DEATH: Month January Day 9 Year 1959

5. SEX male

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH July 16, 1908

9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer

10b. KIND OF BUSINESS OR INDUSTRY Dairy

11. BIRTHPLACE (City and state or country) Randolph County, Missouri

12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME John Allen Brockman

13b. MOTHER'S MAIDEN NAME Betsy Jane McCormac

14. NAME OF HUSBAND OR WIFE Mrs. Minnie Brockman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. S.T. Brockman: Address 1207 Emerson: Moberly, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-8-59 to 1-9-59 and last saw him alive on 1-8-59
Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. Noel Rains (Degree or title) D.O.

22b. ADDRESS Moberly, Missouri

22c. DATE SIGNED 1-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 1-12-1959

23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

23d. LOCATION (City, town, or county) (State) Moberly, Missouri

24. FUNERAL DIRECTOR Tom B. Patton ADDRESS Huntsville Mo

25. DATE RECD. BY LOCAL REG. 1-10-59

26. REGISTRAR'S SIGNATURE Leake Lowe

(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.

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 ..... Signed Tom B. Patton
Signature of Student Embalmer

Licensed Embalmer No. 3914
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.