Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008376
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 30 Primary Registration District No. 5105 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Edwards Union Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN Stover 0090 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Billy Middle Lee Last Brockman

4. DATE OF DEATH Month March Day 13th Year 1959

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 15th 1933
9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Grinding Trucker
10b. KIND OF BUSINESS OR INDUSTRY Grind Feed
11. BIRTHPLACE (City and state or country) Stover Mo R #3 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Walter Brockman
13b. MOTHER'S MAIDEN NAME Elizabth Metscher
14. NAME OF HUSBAND OR WIFE Dorris Brockman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Brockman Address Stover Mo

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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushed Head — 1 min.
DUE TO (c) Autmobile Accident — 1 min.
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 ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crushed head - Automobile accident - Automobile left the highway moving down hill and around curve.
20c. TIME OF INJURY Hour a.m. p.m. 1:30 AM Month, Day, Year 3/13/59
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.) Public Highway
20f. CITY, TOWN, OR LOCATION East of Edwards, Mo. on highway 35, about 1½ miles COUNTY 008 STATE

21. I attended the deceased from Dead on arrival to _____ and last saw her/him alive on _____
Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benton County Coroner. Cussie Salley
22b. ADDRESS Warsaw, Mo.
22c. DATE SIGNED 3/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar 15, 1959
23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial
23d. LOCATION (City, town, or county) (State) Cole Camp Mo

24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo
25. DATE RECD. BY LOCAL REG. Mar 15-1959
26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAR 24 1959

APR 7 1959

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.