

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008625
STATE FILE NUMBER

FILED MAR 23 1958 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Osage</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Osage Beach</u> ⁰¹⁵⁶ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Usage Beach Mo</u> Length of stay in lb <u>6yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 54</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Larry</u> Middle <u>Wilson</u> Last <u>Brockway</u>		4. DATE OF DEATH <u>March 14, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 27, 1937</u>
9. AGE (In years last birthday) <u>21</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>
11. BIRTHPLACE (City and state or country) <u>Burlington Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Carl Brockway</u>		14. MOTHER'S MAIDEN NAME <u>Audrey Crow</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes Navy, 1955-1958</u>		16. SOCIAL SECURITY NO. <u>483-34-7093</u>	
17. INFORMANT <u>Carl Brockway</u>		Address <u>Osage Beach Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Hemorrhage</u> DUE TO (b) <u>Crushed chest - Lung Puncture</u> DUE TO (c) <u>Crushed hips & broken leg - CTO accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Auto overturn on steep embankment</u>		20c. TIME OF INJURY Hour <u>1:30 AM</u> Month <u>3</u> Day <u>14</u> Year <u>49</u> a. m. <u>3-14-49</u> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>On Highway # 54</u>	
20f. CITY, TOWN, OR LOCATION <u>Camden, Mo.</u>		COUNTY <u>Camden</u> STATE <u>Mo.</u>	
21. I, <u>VIEWER</u> , the deceased from <u>9 AM</u> to <u>9 AM</u> and last saw her alive on <u>March 14</u> m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>1:30 AM March 14</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mrs Abbie Woolery Co Coroner</u>		22b. ADDRESS <u>Camdenton Mo</u>	
22c. DATE SIGNED <u>Mar 14-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>March 16, 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dolby Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Burlington</u>		STATE <u>Iowa</u>	
24. FUNERAL DIRECTOR <u>Reed Funeral Home, Camdenton Mo</u>		ADDRESS <u>Camdenton Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 15-1959</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Jraw</u>	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-56 300 1-56

death, health, welfare, public service

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 14 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.. *Robert H. Reed*

Licensed Embalmer No. *371*

P. O. Address *Camden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.