URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006169

STATE FILE NUMBER

FILED VS MAR 7 1960 149

Registration District No. 149 Primary Registration District No. 102 Registrar's No. 1042

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Ib 1 Wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2317 Glenwood — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HOWARD Middle CHAS. Last BROCKMAN
4. DATE OF DEATH Month 2 Day 20 Year 1960
5. SEX Male
6. COLOR OR RACE W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10 6 93
9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Steamfitter
10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co
11. BIRTHPLACE (City and state or country) Springfield, Mo
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Frank J. Brockman
13b. MOTHER'S MAIDEN NAME Effie Gilliland
14. NAME OF HUSBAND OR WIFE Gladys I Brockman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 486 05 2279
17. INFORMANT Mrs. Gladys I. Brockman Address 2317 Glenwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio Vascular Disease — 10 yrs
DUE TO (c) Asthma — 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 1-20-58, to 2-20-60 and last saw him alive on 2-20-60
Death occurred at Osteopathic Hospital m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quintos W Wilson (Degree or title) D.O.
22b. ADDRESS 409 Winchester Bldg.
22c. DATE SIGNED 2-21-60

BY AFFIDAVIT OF Quintos W. Wilson

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2 22 1960
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 2-22-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldano

Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address K C Mo.

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