

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043093

DEC 14 1960

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4412 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CURRYVILLE</u>		Length of stay in 1b <u>3 YRS.</u>	c. CITY OR TOWN <u>CURRYVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>EDWARD</u> Last <u>BRODOCK</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>6</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 14 1893</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>- MICHIGAN</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY BRODOCK</u>	13b. MOTHER'S MAIDEN NAME <u>ANABEL SLAUGHTER</u>	14. NAME OF HUSBAND OR WIFE <u>MAMIE BRODOCK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>469-26-0611</u>	17. INFORMANT <u>MRS. MAMIE BRODOCK CURRYVILLE Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Coronary Occlusion</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>myocardial disease</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____
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21. I attended the deceased from July 1958 to Dec. 1960 and last saw ^{him} alive on Dec. 2, 1960
Death occurred at 3:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. P. Hansen</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Frankford Mo</u>	22c. DATE SIGNED <u>12/7/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC 9 - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMETERY RURAL NEAR ASSUMPTION ILLINOIS</u>	23d. LOCATION (City, town, or County) (State)
24. FUNERAL DIRECTOR <u>MEGOWN FUN'L HOME</u>	ADDRESS <u>FRANKFORD Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 8, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mailee E. Williams</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Irene Fields Megowan

Licensed Embalmer No. 4093

P. O. Address Frankford

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.