

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-045171**

**FILED VS DEC 27 1960** 042

1000

1309

STATE FILE NUMBER

ENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>BUCHANAN</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>	c. CITY OR TOWN <b>Savannah</b>	d. STATE <b>Missouri</b> COUNTY <b>Andrew</b>
Length of stay in 1b <b>6 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist</b>		d. STREET ADDRESS (If outside, give location) <b>306 North First</b>	

<b>3. NAME OF DECEASED</b> (Type or print)			First <b>JOHN</b>		Middle <b>BROKAW</b>	Last <b>BROKAW</b>		<b>4. DATE OF DEATH</b>		Month <b>December</b>	Day <b>13</b>	Year <b>1960</b>		
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12-8-73</b>		<b>9. AGE</b> (last birthday) <b>87</b>		<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HR</b>		Months	Days	Hours	Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farm</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Warren County, Ia.</b>			<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>						
<b>13a. FATHER'S NAME</b> <b>Francis Brokaw</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mahala Ellis</b>				<b>14. NAME OF HUSBAND OR WIFE</b> - - - -						
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			<b>16. SOCIAL SECURITY NO.</b> - - -		<b>17. INFORMANT</b> <b>Mrs. Ina Compton, Savannah, Mo.</b>									

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 years</b>
IMMEDIATE CAUSE (a) <b>Arterio-sclerotic heart disease</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Bronchial Pneumonia</b>		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	---	--

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <b>12-3-60</b> to <b>12-13-60</b> and last saw him alive on <b>12-12-60</b> Death occurred at <b>3:40 AM</b> on the date stated above and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title) <i>Joseph O. Long, M.D.</i>		<b>22b. ADDRESS</b> <i>Savannah, Mo.</i>		<b>22c. DATE SIGNED</b> <b>12-13-60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>	<b>23b. DATE</b> <b>12-13-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Savannah Cemetary</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Savannah, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> <b>BREIT &amp; HAWKINS</b> ADDRESS <b>SAVANNAH</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Dec. 19, 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Wm. Clark Gardell</i>	

DOCUMENT BY AFFIDAVIT OF *Dr. Long, M.D.* MEDICAL CERTIFICATION

**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 James B. Franklin

Licensed Embalmer No. 4532

P. O. Address Savannah

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.