MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

-61-006233
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 69

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Francis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RR#1 St. Francis — Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mineral Area Osteopathic Hospital — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Ida Middle: L Last: Brockman
4. DATE OF DEATH: Month: February Day: 15 Year: 1961
5. SEX: Female
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-1890
9. AGE (last birthday): 70 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mc Lure, Illinois
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: John Berger
13b. MOTHER'S MAIDEN NAME: Elizabeth Lance
14. NAME OF HUSBAND: Charles C. Brockman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles C. Brockman, Address: Bloomsdale, 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): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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

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 Feb 11, 1961, to Feb. 15, 1961 and last saw her alive on 2-15-61
Death occurred at 10:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley N. Glick D.O.
22b. ADDRESS: 690 Rozier, Ste. Genevieve, Mo.
22c. DATE SIGNED: 2/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
23b. DATE: 2-18-61
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City, town, or county) (State): Pond, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Jerome H. Stanton, Ste. Genevieve, Mo
25. DATE RECD. BY LOCAL REG.: Feb. 17, 1961
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(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 me,

~~by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert Bey

Signature of Student Embalmer

Licensed Embalmer No. 3826

P.O. Address Perryville, Mo.

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.