

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

4-61-007882

FILED APR 3 1961 53

3010 Registrar's No. 125

STATE FILE NUMBER

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

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
Length of stay in 1b <u>36 years</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 <u>Southeast Mo. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1017 Williams</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LOUIS BROCKMIRE</u>			4. DATE OF DEATH Month Day Year <u>March 21, 1961</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/19/1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car foreman, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Egypt Mills, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
13a. FATHER'S NAME <u>Henry Brockmire</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edna T. Brockmire</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>		17. INFORMANT Address <u>Miss Loucille Brockmire Cape Gir.</u>	
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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>Cerebral Concussion - Severe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
DUE TO (b) <u>Depressed Skull Fracture</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Compound Fracture of Right Leg, R. Elbow</u>		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 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>Hit by a truck while walking</u>	
20c. TIME OF INJURY Hour <u>3</u> Month, Day, Year <u>20 1961</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>Road</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Cape Girardeau, Cape Mo.</u>	

21. I attended the deceased from March 20, 1961 to March 21 and last saw him alive on March 21, 1961.  
Death occurred at 5:20 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Walter C. Kasten, M.D.</u>		22b. ADDRESS <u>937 Broadway, Cape Girardeau Mo</u>		22c. DATE SIGNED <u>3-22-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 23, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Chapel Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Walther's Funeral Home Cape Gir. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Drew Kasten</u>	

1961 APR 13 1961

1961 JUN 22 1961

OCT 31 1961

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 William A. Gurn, Student Embalmer No. 616  
working under my personal supervision.

Student William H. Gurn  
Signature of Student Embalmer

Signed Virgil H. Steinhilber

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.