MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 141 STATE FILE NUMBER 61-014659

AMENDED

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 14yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rural Route #4 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First NORBERT Middle L. Last BROSCH
4. DATE OF DEATH: Month May Day 3 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-14-1914
9. AGE (last birthday): 46
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): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (City and state or country): Benton Co. Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Wenzel Brosch
13b. MOTHER'S MAIDEN NAME: Emma Katherine Straka
14. NAME OF HUSBAND OR WIFE: Mildred Wenig Brosch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mildred Brosch Address: RF D #4 Sedalia

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) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Primary Carcinoma recto-sigmoid colon 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pericarditis, adhesive
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 3 May 1961, to 3 May 1961 and last saw ~~him~~ alive on 3 May 1961
Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley D. Fisher MD
22b. ADDRESS: 500 West 16th Sedalia Mo.
22c. DATE SIGNED: 3 May 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 6. 1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): Sedalia Mo
24. FUNERAL DIRECTOR: McLaughlin Bros. ADDRESS: Sedalia Mo
25. DATE RECD. BY LOCAL REG.: 5-4-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 9 1961

MAY 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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed K P McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia M

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.