MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-~~92~~6279 STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 36

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0150
2 0150
3 2
4 0
5 0
6
7 0
8 2
9 93601
10 22
11 015
12 90-3
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

FILED JUL 16 1962

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage Township
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sunrise Beach Route F Box 233A
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN: Sunrise Beach
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route F Box 233A
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Jan Middle Eric Last Brockman

4. DATE OF DEATH: Month Day Year: July 8, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/15/61
9. AGE (last birthday): 1 year
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): child
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Versailles, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Victor Raymond Brockman
13b. MOTHER'S MAIDEN NAME: Lois Otis
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Victor Brockman Address: Sunrise Beach, Missouri Route F. Box 233A

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): ACCIDENTAL STRANGULATION — INTERVAL BETWEEN ONSET AND DEATH: 2-3 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CURTAIN
DUE TO (c):

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.): CURTAIN PULLED THROUGH CRIB RAILS
20c. TIME OF INJURY Hour: 5:00 a.m. p.m. Month, Day, Year: 7-8-62
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 1-15-62 to 3-26-62 and last saw him alive on 3-26-62
Death occurred at 5:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D.R. Holley M.D. (Degree or title) (Camden County Coroner)
22b. ADDRESS: Camdenton, Missouri
22c. DATE SIGNED: 7/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7/10/62
23c. NAME OF CEMETERY OR CREMATORY: Dale Blair Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Camdenton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Walter Hedges Camdenton, Missouri
25. DATE RECD. BY LOCAL REG.: July 9-1962
26. REGISTRAR'S SIGNATURE: Zilpha L. Drew

(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,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter O Nedge

Signature of Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.