

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-926279

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 26

FILED JUL 16 1962

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		c. CITY OR TOWN Sunrise Beach	
Length of stay in 1b life		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunrise Beach Route F Box 233A		d. STREET ADDRESS (If outside, give location) Route F Box 233A	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) Jan Eric Brookman			4. DATE OF DEATH Month July Day 8 Year 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 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 Brookman		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 Sunrise Beach, Missouri Victor Brookman Route F. Box 233A	

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	
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20. 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 Camden COUNTY Missouri STATE Missouri	

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 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE DR. H. H. Hedges (Degree or title) Camden County CORNER		22b. ADDRESS Camden, 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) Camden, Missouri		24. FUNERAL DIRECTOR Walter Hedges ADDRESS Camden, Missouri			
25. DATE RECD. BY LOCAL REG. July 9-1962		26. REGISTRAR'S SIGNATURE Zilpha L. Inaw			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

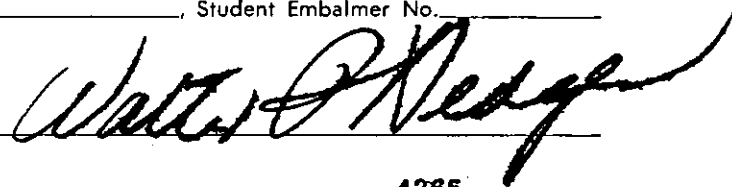
BY AFFIDAVIT OF

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



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.