DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-001253
STATE FILE NUMBER

FILED VS FEB 15 1960 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Klore Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN: Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 807 E Jefferson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ollie Blanche Middle: Brokaugh Last:

4. DATE OF DEATH: Month: Feb Day: 11 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/15/1871

9. AGE (last birthday): 88

IF UNDER 1 YEAR: Months: 3 Days: 26
IF UNDER 24 HR: Hours: X Min.: X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Henry Co

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Andrew J. Bailey

13b. MOTHER'S MAIDEN NAME: Mary Coppage

14. NAME OF HUSBAND OR WIFE: Marshal Knox Brokaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Nina King Okla City, Okla

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	2-3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Insufficiency	48 hrs
DUE TO (c)	Cerebral Hemorrhage	48 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility & Gen. Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 8-1-59, to 2-11-60 and last saw her/him alive on 2-11-60
Death occurred at 11:57 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glasgow DO

22b. ADDRESS: 105 E. Ohio Clinton Mo

22c. DATE SIGNED: 2/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-13-60

23c. NAME OF CEMETERY OR CREMATORY: Shawnee Mound

23d. LOCATION (City, town, or county) (State): Henry Mo

24. FUNERAL DIRECTOR ADDRESS: F. L. Schaberg 214 S. 2nd St Clinton, Mo

25. DATE RECD. BY LOCAL REG.: Feb. 13, 1960

26. REGISTRAR'S SIGNATURE: Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Schaake

Licensed Embalmer No. 45[illegible]

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.