

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42314**

FILED DEC 28 1951

BIRTH NO. _____ REG. DIST. NO. **214** PRIMARY REG. DIST. NO. **5782** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, write RURAL and give name of place) OR TOWN Iberia, Rural, Bienville		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give name of place) OR TOWN Iberia (Rural - Bienville) ^{Bienville} Parish		d. STREET ADDRESS (If rural, give location) 0660
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) Beverly b. (Middle) Sue c. (Last) Brockes			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 9, 1945		9. AGE (In years last birthday) 6 IF UNDER 1 YEAR: Months 8 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Golden Brockes		13b. MOTHER'S MAIDEN NAME Mary Fancher		14. NAME OF HUSBAND OR WIFE ---	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Golden Brockes Iberia, Mo. Rt. 2			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EDUSSION OF BRAIN	DUE TO (b) FRACTURED SKULL				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) E8127					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 25					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home	21c. (CITY, TOWN, OR TOWNSHIP) Bienville (COUNTY) Miller (STATE) Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 19, 1951 4P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bus Accident			

22. I hereby certify that I attended the deceased **on Nov. 19, 1951**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4P** m., from the causes and on the date stated above.

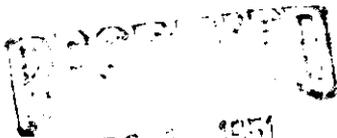
23a. SIGNATURE (Degree or title) Walter P. Hedger, 3rd Coroner		23b. ADDRESS Iberia, Mo.		23c. DATE SIGNED 11/20/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Mo.		
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DATE REC'D BY LOCAL REG. Dec. 3, 1951	REGISTRAR'S SIGNATURE John S. Schreierman, 194	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedger, Iberia, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0660



DEC 31 1951

MILBURN
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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
Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. _____

42655

P. O. Address _____

Stevia, Mo

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 this body is not embalmed, fact should be so stated above.