

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20361**
2549

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 20 YRS.		d. STREET ADDRESS (If rural, give location) 800 E. 11th. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 800 E. 11TH. ST.			

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) FRED c. (Last) BROCKMEIER			4. DATE OF DEATH (Month) (Day) (Year) 6-6-52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 1888	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY ARGYLE BLDG.	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BEN BROCKMEIER	13b. MOTHER'S MAIDEN NAME PAULINE HOPPE	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. 486-09-5139	17. INFORMANT'S SIGNATURE OR NAME MRS. EMMA GOEDEL	ADDRESS GARROLTON, MISSOURI
---	---	--	---------------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema after (Carcinoma)		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5810		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **Jan 1922** to **6/6/52**, 19**52**, that I last saw the deceased alive on **6/5**, 19**52** and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. Trippe	23b. ADDRESS 1014 Argyle Bldg	23c. DATE SIGNED 6/6/52
---------------------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6/6/52	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) CARROLTON, MISSOURI
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 6-6-52	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE,	ADDRESS KANSAS CITY, MO.
---	--	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. H.C. Ferguson
Anglyn Body
No. 3454

VS
MAY 27 1959

VS
MAY 27 1959

1959

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Allen

Signed
Student Embalmer

Licensed Embalmer No. 14 15

P. O. Address: 14 @ 120

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.