S. No. 300
v. 10.48

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27353

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY Fulton Mo Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 3Y-10-12
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leesburg 0810
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) Lillie
b. (Middle) Brockman
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) August 30, 1952

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 16, 1879

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Pulasky County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeff Rose

13b. MOTHER'S MAIDEN NAME Traza Crave

14. NAME OF HUSBAND OR WIFE Wm. M. Brockman

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'S SIGNATURE OR NAME State Hospital Records — ADDRESS Fulton, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac infarction. [illegible] operation.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Left ventricular thrombosis

DUE TO (c) Pulmonary abscesses, multiple

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/ *, 19*52*, to* Aug. 30 *, 19*52*, that I last saw the deceased alive on* Aug. 29 *, 19*52*, and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M W

23b. ADDRESS Fulton, Missouri

23c. DATE SIGNED 8/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 2-1952

24c. NAME OF CEMETERY OR CREMATORY Newberry

24d. LOCATION (City, town, or county) Newberry (State) Mo

DATE REC'D BY LOCAL REG. Aug-30-1952

REGISTRAR'S SIGNATURE Maretta Lawrence 4 26 -

25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home — ADDRESS Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

#14322

SEP 23 1952

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 William E. Grehal

Licensed Embalmer No. 4870

P. O. Address Fulton 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.