

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41661**  
 Registrar's No. ~~571~~ **571**

FILED JAN 15 1953

REG. DIST. NO. **73**

PRIMARY REG. DIST. NO. **51410**

0120

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Gillis Bluff Twp. 15</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Gillis Bluff, Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Qulin, Rte. 1</b>		d. STREET ADDRESS (If rural, give location) <b>Qulin, Rte. 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>ALFRED</b> c. (Last) <b>BROCKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 17 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 7, 1898</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Richard Brockman</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Turley</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Brockman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Brockman, Qulin, Mo. Rte. 1</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Failure</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Coronary Embolism</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Dec. 15, 1952</b> to <b>Dec. 17, 1952</b> , that I last saw the deceased alive on <b>Dec. 17, 1952</b> , and that death occurred at <b>7:45P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Bryson L. Franklin</b>		23b. ADDRESS <b>Campbell Mo.</b>	
23c. DATE SIGNED <b>12-17-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 21, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Qulin Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Qulin, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-31-52</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	

RECEIVED  
JAN 13 1953

BUTLER CO. HEALTH CENTER

FILE No. 153-6

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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

*Christina M. Lander*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.