S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36362

FILED OCT 28 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3023 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon T. S. 0530 0
d. STREET ADDRESS (If rural, give location): R. R. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle):
c. (Last): Brockling

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12 1953

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 3 1871
9. AGE (In years last birthday): 81 | 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): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: John B. Brockling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frank Mills
ADDRESS: Lebanon Mo. Rt. 2

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) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture head left femur
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9030
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19a. DATE OF OPERATION: 9-12-53
19b. MAJOR FINDINGS OF OPERATION: Fracture of neck of left femur - cast applied
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): In home Rt. 2
21c. (CITY, TOWN, OR TOWNSHIP) 0530 **(COUNTY)** Laclede **(STATE)** Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-10-53 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Slipped + fell after getting out of bed to go to bathroom

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): B B Hurst, M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 10-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/15/53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Lebanon Mo.

DATE REC'D BY LOCAL REG.: 10-17-1953
REGISTRAR'S SIGNATURE: Nella L. Hayes 424
25. FUNERAL DIRECTOR'S SIGNATURE: Gebhard
ADDRESS: Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

Obtained OCT 2 7 1953

Laclede County Health Unit

File No. 10-53-157

Date Filed OCT 2 7 1953

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 L. R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.