

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39748**BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN East Prairie		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			e. STREET ADDRESS (If rural, give location) 104 Wilkerson St., 66710		
3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Arthur c. (Last) Brodhacker			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1882	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning & Pressing	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning	11. BIRTHPLACE (City and State or Foreign Country) Bertrand, Miss., Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John Brodhacker		13b. MOTHER'S MAIDEN NAME Belle Brodhacker		14. NAME OF HUSBAND OR WIFE Willie Brodhacker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Brodhacker E. Prairie, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 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 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 18, 1953 , to Nov 6, 1953 , that I last saw the deceased alive on Nov 6, 1953 , and that death occurred at 2:00 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) George Thompson D.O.			23b. ADDRESS East Prairie Mo		23c. DATE SIGNED 11-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-53	24c. NAME OF CEMETERY OR CREMATORY W. O. W.	24d. LOCATION (City, town, or county) (State) E. Prairie Miss. Mo.		
DATE REC'D BY LOCAL REG. 11-16-53	REGISTRAR'S SIGNATURE Gertrude G. Harper	197-23	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mc Mikle Funeral Home E. P. Mo.		

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

NOV 27 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed NOV 27 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 _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed J. Edgar McMillan

Licensed Embalmer No. 4695

P. O. Address E. Prairie

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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