

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 7 1954

 BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 544V Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>		
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>RURAL Richland Twp 874AS</u>		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>RURAL Richland Twp 874AS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pershing Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Pershing Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODOR</u> b. (Middle) <u>BROEKER</u> c. (Last) <u>BROEKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 1954</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 31-1867</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR <input checked="" type="checkbox"/>	YEAR <input checked="" type="checkbox"/>	# UNDER 2 HRS. <input checked="" type="checkbox"/>	Hours <input checked="" type="checkbox"/>	Mins. <input checked="" type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY BROEKER</u>	13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE HOFFMANN</u>	14. NAME OF HUSBAND OR WIFE <u>AMANDA BROEKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Wm Broeker Pershing Mo</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-12-54</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>11-14-54</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>331 X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 11-11, 1954, to 11-14, 1954, that I last saw the deceased alive on 11-14, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard Hermann MD</u>	23b. ADDRESS <u>Hermann MD</u>	23c. DATE SIGNED <u>11-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION E.P. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Pershing Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-54</u>	REGISTRAR'S SIGNATURE <u>Delma Becker</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Herzog Blumenthermann Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.