

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22646**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. <b>215</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF STAY (In this place) <b>3 Mo</b>		c. CITY OR TOWN <b>La Plata</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K. O. H. Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>---</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b>		b. (Middle) <b>Ralston</b>		c. (Last) <b>Brockman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1956</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 27 1896</b>	
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR (Months) (Days) <b>9 19</b>		IF UNDER 24 HRS. (Hours) (Min.) <b>---</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Atlanta, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wilbert H. Brockman</b>		13b. MOTHER'S MAIDEN NAME <b>Nevada Bunch</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Roberts Brockman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W. I 493-070750</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mabel Brockman La Plata, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Zoemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cirrhosis of liver and chronic pancreatitis</b> 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 <b>2 weeks</b>  <b>6 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>5810</b>			
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 <b>Oct 19 55</b> , to <b>July 16, 19 56</b> , that I last saw the deceased alive on <b>July 14, 19 56</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mrs. Mabel Brockman</b>				23b. ADDRESS <b>Kirksville Mo</b>		23c. DATE SIGNED <b>7-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 18, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>La Plata, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-23-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas M. Wilson La Plata Mo.</b>			

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

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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.....  
Signature of Student Embalmer

Signed: *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address ...La Plata, M

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.