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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1957

15932
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) #942 West Walnut St. Culler Nursing Home — Length of stay in 1b 6 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Vernon
c. CITY OR TOWN Nevada 1082 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 942 W Walnut — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Last Brockett
4. DATE OF DEATH Month 5 Day 1 Year 57
5. SEX M
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2
8. DATE OF BIRTH 9-9-1872
9. AGE (In years last birthday) 84 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cole County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harvey Brockett
14. MOTHER'S MAIDEN NAME Martha Swift
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. No
17. INFORMANT Marie Culler Address Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓
INTERVAL BETWEEN ONSET AND DEATH Dont Know Had it when I first saw him 12-18-56.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None. 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT No SUICIDE No HOMICIDE No
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No Injury
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Nevada — COUNTY Vernon — STATE Mo.

21. I attended the deceased from 12/18/56, to 5-1-57. and last saw him alive on 4/28/57.
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. S. Love MD
22b. ADDRESS Nevada, Mo
22c. DATE SIGNED 5-4-57.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-2-67
23c. NAME OF CEMETERY OR CREMATORY Moore
23d. LOCATION (City, town, or county) (State) Nevada, Mo.

24. FUNERAL DIRECTOR Richard L. Shorten ADDRESS Nevada, Mo
25. DATE RECD. BY LOCAL REG. 5-7-1957
26. REGISTRAR'S SIGNATURE Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 45 3

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.