

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20036

STATE FILE NUMBER

FILED JUL 1 1957

37782-57

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. of Mo. Med Center		Length of stay in lb 13 da	d. STREET ADDRESS General Delivery		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gary Middle Thomas Last De Brodie			4. DATE OF DEATH Month June Day 25 Year 1957		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1957	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 13 Days 0 Hours 0 Min. 0	
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) Fulton, Missouri	
13. FATHER'S NAME Carl W DeBrodie			14. MOTHER'S MAIDEN NAME Shirley Watson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT Carol De Brodie, Fulton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis					INTERVAL BETWEEN ONSET AND DEATH about 2 days (4/24/57 to 4/25/57)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Hemorrhagic necrosis of bowel, small DUE TO (c) Aspiration Pneumonia					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Prematurity (wt at birth = 2#9g)					19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		_____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION Columbia	
_____		_____		COUNTY Boone STATE Mo.	
21. I attended the deceased from 6/12/57 to 6/25/57 and last saw ^{him} alive on 6/25/57 Death occurred at 9:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Helen M. Waicher, M.D.			22b. ADDRESS Dept. of Peds, U. of Mo; Columbia		22c. DATE SIGNED 6/25/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/26/57		23c. NAME OF CEMETERY OR CREMATORY Pioneer	
_____		_____		23d. LOCATION (City, town, or county) (State) Fulton - Mo	
24. FUNERAL DIRECTOR Margie Fenech Home		ADDRESS Fulton, Mo.		25. DATE RECD. BY LOCAL REG. June 25 1957	
_____		_____		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Glen Y. Mansin*

Licensed Embalmer No. *27*

P. O. Address *Fulton*

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