

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31251

State File No.

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 109

0272
0

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL, and give town) Boonville,	c. LENGTH OF STAY, (in this place) 2 weeks	c. CITY OR TOWN Boonville	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 St. Joseph Hospital.		STREET ADDRESS (If rural, give location) 626 Locust St.	

0212
0

3. NAME OF DECEASED (Type or Print) a. (First) Thelma b. (Middle) Metts c. (Last) Brokmeyer			4. DATE OF DEATH (Month) (Day) (Year) September 9 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5 1903		9. AGE (to years last birthday) 54 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) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John W. Metts	13b. MOTHER'S MAIDEN NAME Maud Lesftwich	14. NAME OF HUSBAND OR WIFE C. Henry Brokmeyer
---	---	---

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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. D. Overholser, Columbia, Mo. ADDRESS	
--	-------------------------------	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE PULMONARY EMBOLISM.		INTERVAL BETWEEN ONSET AND DEATH 3 MINS.
	ANTECEDENT CAUSES DUE TO (b) INTESTINAL OBSTRUCTION (INFLAMMATORY ADHESION) - 3 WEEKS DUE TO (c) PREVIOUS OPERATIVE AND X-RAY THERAPY - - - - 9 MOS.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. LOCALIZED POST-OPERATIVE PERITONITIS AND ILEAL 157X FISTULA 3 DAYS		

19a. DATE OF OPERATION 8-31-57	19b. MAJOR FINDINGS OF OPERATION PERITONEAL METASTASIS & CANCER OF HEAD OF PANCREAS AND METASTATIC CANCER OF OVARY PRESENT 9 MONTHS.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NOT	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) m.	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 **8-26-57** 19___, to **9-9-57** 19___, that I last saw the deceased alive on **9-9-57** 19___, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR [Signature] (Degree or title)		23b. ADDRESS 329 MAIN, BOONVILLE, MISSOURI	23c. DATE SIGNED 9-10-57
--	--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 10 1957	24c. NAME OF CEMETERY OR CREMATORY Roanoke,	24d. LOCATION (City, town, or county) (State) Roanoke, Missouri.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 9/10/57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	
---	--	--	--

JUL 10 1958

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. v

Student _____
Signature of Student Embalmer

Signed *William W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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