

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016987

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3042 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Marshall</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marshall</u>	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>Fitzgibbon hospital, I day</u>	Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>1052 S. Brunswick</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Thomas Middle William Last Brockman

4. DATE OF DEATH Month May Day 4th Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH March 4, 1882 9. AGE (In years at birthday) 75 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10b. KIND OF BUSINESS OR INDUSTRY Home decorator 11. BIRTHPLACE (City and state or country) Chariton County Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Sidney Brockman 13b. MOTHER'S MAIDEN NAME Minerva Veatch 14. NAME OF HUSBAND OR WIFE -----

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. 499-09-2323 17. INFORMANT Mrs Roy Prather, Marshall Mo. Address -----

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH May 3-1958

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour ----- Month ----- Day ----- Year ----- a.m. ----- p.m. -----

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 Marshall COUNTY Mo STATE Mo

21. I attended the deceased from May 3 1958 to May 4 1958 and last saw him alive on May 4 1958.
Death occurred at 11:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Samuel H. Hayes (Degree or title) M.D. 22b. ADDRESS Marshall Mo 22c. DATE SIGNED 5/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 7, 1958 23c. NAME OF CEMETERY OR CREMATORY Salisbury City cemetery 23d. LOCATION (City, town, or county) (State) Salisbury, Missouri

24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo. ADDRESS ----- 25. DATE RECD. BY LOCAL REG. 5-6-58 26. REGISTRAR'S SIGNATURE Cecil G. Lead

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

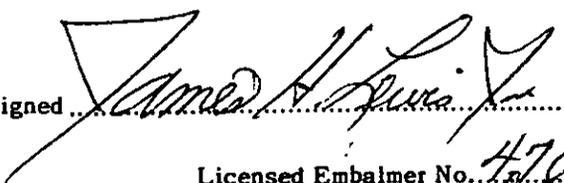
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4709

P. O. Address Marshall, N.C.

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.