Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018695

STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOHN'S HOSP. — Length of stay in Ib: 3 MO'S

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN 0495 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1415 BROADWAY — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle CHARLES Last BROCKUS

4. DATE OF DEATH: Month MAY Day 10, Year 1958

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: SEPT. 4, 1895
9. AGE (In years last birthday): 62 — 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): MERCHANT -OPERATED
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL STORE
11. BIRTHPLACE (City and state or country): SPRINGFIELD, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: CLARENCE BROCKUS
13b. MOTHER'S MAIDEN NAME: CHARLOTTE COOKSEY
14. NAME OF HUSBAND OR WIFE: CLEO CORNELL BROCKUS

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.: UNK
17. INFORMANT: MRS. CLEO BROCKUS, Address: 1415 BROADWAY

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): Bronchogenic Carcinoma (Lt) — INTERVAL BETWEEN ONSET AND DEATH: 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1621
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] 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 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 COUNTY STATE

21. I attended the deceased from Feb 1-58, to May 10-58 and last saw him alive on May 10-1958
Death occurred at 10:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lewis H Ferguson (Degree or title) M.D. 0
22b. ADDRESS: 206 Medical Arts Bldg - Joplin Mo
22c. DATE SIGNED: 5-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-12-58
23c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD CEMETERY,
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 5-10-1958
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County Fil... MAY 1 ...
Date Filed

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.