

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045209

STATE FILE NUMBER

FILED JAN 7 1958 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 286

Health,  
Welfare  
Public  
Service/

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Moberly</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Moberly</b> <i>0883</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>1133 Quinn St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Aaron</b> Middle <b>Victor</b> Last <b>Brockman</b>			4. DATE OF DEATH Month <b>12</b> Day <b>29</b> Year <b>58</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2/28/1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11. BIRTHPLACE (City and state or country) <b>Randolph Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Brockman</b>		14. MOTHER'S MAIDEN NAME <b>Minnie Belle Brewer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>497 30 8505</b>	17. INFORMANT <b>W.S. Brockman</b> Address <b>Moberly Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute intestinal obstruction.</b> <b>Cause not determined.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH <b>Dec. 24/58</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>5705</b>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Moberly Mo.</b> COUNTY STATE	
21. I attended the deceased from <b>Dec. 28/58</b> to <b>Dec. 29/58</b> and last saw him alive on <b>Dec. 28/58</b> . Death occurred at <b>2:55 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. R. E. Huber</b> (Degree or title)		22b. ADDRESS <b>Moberly Mo.</b>	22c. DATE SIGNED <b>12/30/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/31/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Huntsville Missouri</b>
24. FUNERAL DIRECTOR <b>Marion E. Million</b> Address <b>Moberly Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-31-58</b>	26. REGISTRAR'S SIGNATURE <b>Dea. Huber</b>

JAN 22 1959

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 *Marion E. Miller*  
.....

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

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.