

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012855
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> 0360 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		Length of stay in 1b <i>2 days</i>	d. STREET ADDRESS (If inside, give location) <i>R 2.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>LOUIS A. BROCKER</i>			4. DATE OF DEATH Month Day Year <i>April 19, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 16, 1897</i>
9. AGE (In years last birthday) <i>62</i>		IF UNDER 1 YEAR Months <i>2</i> Days <i>3</i>	IF UNDER 24 HRS. Hours <i>3</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>	11. BIRTHPLACE (City and State or country) <i>Washington, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Martin Brocker</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Koeing</i>		13c. NAME OF HUSBAND OR WIFE <i>Elizabeth Brocker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>David Brocker</i>		Address <i>Washington, R. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Haemilia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Prostatic hypertrophy and obstruction</i>			<i>2 days</i>
DUE TO (c) <i>1 1/2 post op obstruction</i>			<i>2 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 (Month, Day, Year) a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <i>April 17-18</i> to <i>April 19, 1959</i> and last saw her alive on <i>April 19, 1959</i> Death occurred at <i>5:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>L. H. Witt</i>		22b. ADDRESS <i>Washington Mo</i>	
22c. DATE SIGNED <i>4/21/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 23, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Francis Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>	
24. FUNERAL DIRECTOR <i>Hieburg & Vitt, Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>4-22-59</i>	
ADDRESS <i>Washington, Mo</i>		26. REGISTRAR'S SIGNATURE <i>L. P. Johnson</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lester A. Jett*

Licensed Embalmer No. *3254*
P. O. Address *Washington, D.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.