DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1959

59-024730
STATE FILE NUMBER

Registration District No. 1228 Primary Registration District No. 2000 Registrar's No. 811

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 337 N. Park
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 337 N. Park
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALLEN Middle: MONTGOMERY Last: BROTEMARKLE

4. DATE OF DEATH: Month: July Day: 29, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3 Nov. 1880

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Ohio

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: D.H.Brotemarkle

13b. MOTHER'S MAIDEN NAME: Emily Groden

14. NAME OF HUSBAND OR WIFE: Lula Brotemarkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 493-14-1853

17. INFORMANT: Lula Brotemarkle Address: Springfield, Mo.

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): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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 6-21-59, to 7/29/59 and last saw him alive on 7-2-59
Death occurred at 1:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Scanlan M.D.

22b. ADDRESS: Spgfd. Medical Bldg. Springfield, Missouri

22c. DATE SIGNED: 7-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8-2-59

23c. NAME OF CEMETERY OR CREMATORY: MACOMB

23d. LOCATION (City, town, or county) (State): WRIGHT COUNTY, Mo.

24. FUNERAL DIRECTOR: KLINGNER MORTUARY ADDRESS: SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.: 7-31-59

26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 40

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
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.