

DI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029646

FILED VS AUG 26 1959 171

Registration District No. _____ Primary Registration District No. 5637 Registrar's No. 5637 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clay Township</u>		Length of stay in 1b <u>Few Min.</u>	c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1111 Newton</u>		
3. NAME OF DECEASED (Type or print) First <u>KATHY</u> Middle <u>KAY</u> Last <u>BROCKMAN</u>			4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 6 1956</u>	9. AGE (last birthday) <u>3</u> 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) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Moberly, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Harold Eugene Brockman</u>			13b. MOTHER'S MAIDEN NAME <u>Patsy Lou Moore</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Frances Berryman K.C. Mo</u> 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) <u>Epidural Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 Hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Skull Fracture (Auto Accident)</u>						
DUE TO (c) _____						
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway #24</u>		20f. CITY, TOWN, OR LOCATION <u>Lafayette</u>		COUNTY <u>Mo.</u>
21. I attended the deceased from Death occurred at <u>7 P.M.</u>		and last saw her/him alive on <u>6 P.M.</u>				
22a. SIGNATURE <u>Ralph W. [Signature]</u> (Degree or title)			22b. ADDRESS <u>Lexington, Mo</u>		22c. DATE SIGNED <u>8/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/16/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Crunk-Walker</u>		ADDRESS <u>Lexington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/16/1959</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		

DOCUMENT

MEDICAL CERTIFICATION

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 by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold S. Walker

Licensed Embalmer No. 458

P. O. Address Lexington, Va

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