Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59-039274
STATE FILE NUMBER

Registration District No. 5-9 Primary Registration District No. Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Cass	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Peculiar — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home 1 mile east of Peculiar — Length of stay in Ib	d. STREET ADDRESS Farm home (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
L	F rank	Brockhouse	October 9 1959

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Sept.15 1896	63	0	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Peculiar Missouri	U.S.A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Chas W. Brockhouse	E E mma Huffman	Ella Brockhouse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	490-42-4792	Juanita Cervant	Kansas City, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gun Shot

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self infliction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974x

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. 7 45 Month, Day, Year 10-9-59

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.) One Mile East of Peculiar

20f. CITY, TOWN, OR LOCATION COUNTY Cass STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
John Stephens Sheriff Acc. Coroner	Harrisonville Mo.	10-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	October 11,1959	Peculiar Mo. Cemetery	Peculiar Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Brownfield Stanley	Pleasant Hill. Mo	10-15-59	Mrs. Ray Lebree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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VS NOV 30 1959

DEC 3 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 Donald R. Wiegers, Student Embalmer No. 594 working under my personal supervision.

Student Donald R. Wiegers
Signature of Student Embalmer

Signed Joe Neelamp

Licensed Embalmer No. 5044

P. O. Address Kansas City 15, 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.