

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027490

FILED VS JUL 20 1960

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. _____

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LAFAYETTE</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>LAFAYETTE</u>	admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ALMA</u>	Length of stay in 1b	c. CITY OR TOWN <u>ALMA</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>ALVIN</u>	Middle <u>JOHN</u>	Last <u>BROCKHOFF</u>	Month <u>7</u>	Day <u>4</u>	Year <u>1960</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-1-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>MECHANIC</u>	11. BIRTHPLACE (City and state or country) <u>ALMA MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES BROCKHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>EMILIE RODEKOR</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISE BROCKHOFF ALMA MO</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.	17. INFORMANT Address <u>LOUISE BROCKHOFF ALMA MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Ca of Lung metastatic</u>		<u>6mo</u>
DUE TO (b) _____		
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 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 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 May 1958 to July 3, 1960 and last saw him alive on Jul. 3, 1960
 Death occurred at 2:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H. E. Fulperson M.D.</u>	22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>7-15-60</u>
--	--------------------------------------	---------------------------------

23a. BURIAL, CREMATION (Specify) <u>BURIAL</u>	23b. DATE <u>7-7-1960</u>	23c. NAME OF CEMETERY <u>TRINITY LUTHERAN</u>	23d. LOCATION (City, town, or county) (State) <u>ALMA MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>BREMER WIEGERS-RICHMAN ALMA MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-20-60</u>	26. REGISTRAR'S SIGNATURE <u>Hurstard Wike m</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: Robert Riekhof

Licensed Embalmer No. 4284

P. O. Address Regina

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.