

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035362

FILED VS OCT 13 1960

172

Primary Registration District No. **4269**

Registrar's No. **83**

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Joseph	Middle Gyle	Last Brouillette	Month 9	Day 18 Year 1960
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-1879	9. AGE (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) rail road		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Scottsville, Kans.	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Brouillette	13b. MOTHER'S MAIDEN NAME Sarah Foster	14. NAME OF HUSBAND OR WIFE Josephine Brouillette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. J. Brouillette Corder, Mo.

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) Cerebral Thrombosis	DUE TO (b) Generalized Arteriosclerosis	6 weeks
IMMEDIATE CAUSE (c)		Years
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	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 June 1-1960 to September 18-60 and last saw him alive on Sept. 16, 1960 . Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. Koppensond, M.D. (Degree or title)	22b. ADDRESS Higginsville, Mo.	22c. DATE SIGNED Oct 1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-20-1960	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Higginsville (State) Missouri
24. FUNERAL DIRECTOR Forrest A. Hoefler ADDRESS Higginsville, Mo.	25. DATE RECD. BY LOCAL REG. 10-5-1960	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1961

JUN 28 1961

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 Forest R. Hoefler

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.