

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039155

FILED VS NOV 14 1960

201

Registration District No. 3048

Registrar's No. 205

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 24 hours		c. CITY OR TOWN Clyde		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			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) First Carolina Middle (None) Last Brockmeyer				4. DATE OF DEATH Month November Day 4 Year 1960					
5. SEX F	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 9-11-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Perryville, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Ignatz Bohnert			13b. MOTHER'S MAIDEN NAME Lieble			14. NAME OF HUSBAND OR WIFE Gottfried Brockmeyer			
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. none		17. INFORMANT husband Address Clyde, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic Myocarditis							INTERVAL BETWEEN ONSET AND DEATH 2		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) _____							?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis general					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 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 11/3/60 to 11/4/60 and last saw her/him alive on 11/4/60 . Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B. F. Ryland M.D. (Degree or title)				22b. ADDRESS Maryville MO				22c. DATE SIGNED 11/8/60 (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-7-60		23c. NAME OF CEMETERY OR CREMATORY St. Columba Cemetery			23d. LOCATION (City, town, or county) Conception, Missouri		
24. FUNERAL DIRECTOR Johnson Funeral Homes, Conception Jct. ADDRESS			25. DATE RECD. BY LOCAL REG. 11-9-60		26. REGISTRAR'S SIGNATURE Bears Hall				

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 *Ross Evan Johnson*

Licensed Embalmer No. 4940

P. O. Address Stambel

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.