

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023550

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 504301 Registrar's No. 45

FILED JUL 3 1963

1. PLACE OF DEATH
 a. COUNTY **Carroll**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Carrollton** Length of stay in 1b **17 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **405 N. Folger** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **405 N. Folger** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Carroll**

3. NAME OF DECEASED First Middle Last **EDWARD H. BROCKMEIER** 4. DATE OF DEATH Month Day Year **June 27 1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/21/1886** 9. AGE (last birthday) **76** 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) **Painter** 10b. KIND OF BUSINESS OR INDUSTRY **Painting** 11. BIRTHPLACE (City and state or country) **Carroll County Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Fred Brockmeier** 13b. MOTHER'S MAIDEN NAME **Anna Shaeffer** 14. NAME OF HUSBAND OR WIFE **Elsie Brockmeier**

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. **20** 17. INFORMANT Address **Elsie Brockmeier, Carrollton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **recurrence carcinoma of stomach** INTERVAL BETWEEN ONSET AND DEATH **10 yrs**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

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. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1962** to **June 63** and last saw her/him alive on **27 June 63**
 Death occurred at **6:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. H. Allen M.D.** (Signature or title) 22b. ADDRESS **Carrollton, Missouri** 22c. DATE SIGNED **28 June 63** (Date)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/30/1963** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cem.** 23d. LOCATION (City, town, or county) **Carrollton Mo.**

24. FUNERAL DIRECTOR **Gibson Funeral Home, Carrollton, Mo.** ADDRESS **Gibson** 25. DATE RECD. BY LOCAL REG. **6-29-63** 26. REGISTRAR'S SIGNATURE **Mary Dean**

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Student _____
Signature of Student Embalmer

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton 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.

FEB 18 1961