

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 108

**FILED APR 17 1967**

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>DEEPWATER</u>		Length of stay in 1b <u>25 years</u>	c. CITY OR TOWN <u>Deepwater</u>
c. FULL NAME OF (If Not in hospital, give location) <u>DEEPWATER</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Deepwater</u>
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>E.</u> Last <u>BRODHACKER</u>		4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>67</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUC.</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>JAN. 28, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>71</u>
11a. FATHER'S NAME <u>Joseph Ousley</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Ousley</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Brodhacker</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. <u>None</u>	17. INFORMANT <u>Louis Brodhacker</u> Address <u>Deepwater, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u>			<u>12 hours</u>
DUE TO (c) <u>Cerebral vascular Thrombosis</u>			<u>24 hours</u>
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 checked="" 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 <u>1-67</u> to <u>4-10-67</u> and last saw her/him alive on <u>4-9-67</u> Death occurred at <u>5:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clinton L. Glasgow DO</u>		22b. ADDRESS <u>Clinton MO</u>	22c. DATE SIGNED <u>4/10/67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 13, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>R.F. Nichols</u>		25. DATE RECD. BY LOCAL REG. <u>April 14, 1967</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

DOCUMENT page from Bible

BY AFFIDAVIT OF Funeral director

MEDICAL CERTIFICATION

DATE AMENDED  
5-12-67

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF  
1895  
72

SHOULD READ  
1896  
71

ITEM NO.  
8  
9

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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MAY 12 1967

**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 *R. P. Nichols*

Licensed Embalmer No. 4997

P. O. Address Clinton, Md.

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.