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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2505

State File No.

FILED JAN 18 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. CITY OR TOWN <u>Farmington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 E Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>719 E Columbia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelmina</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Brockmiller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 16, 1905</u>		9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR: Days <u>3</u> Hours <u>25</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co. Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Wolze</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Hannaka</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Brockmiller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Brockmiller, Farmington, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of spleen</u>		DUE TO (b) <u>Chronic Myelogenous Leukemia</u>			<u>6 mos.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2041</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-3, 1953, to 1-11, 1954, that I last saw the deceased alive on 1-10, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. Richard Crouch M.D.</u>		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>1-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/13/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Botheron Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>					

DATE REC'D BY LOCAL REG. <u>JAN. 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1964

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 Paul K. Dwyer

Licensed Embalmer No. 412

P. O. Address Lernington

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.