

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36044

State File No.

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>454 W. Marion</u>		d. STREET ADDRESS (If rural, give location) <u>681 W. Eastwood</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sandra</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Brooks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Aug. 6, 1946</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Ona B. Brooks</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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 <u>Miss. Ona B. Brooks, Marshall, Mo.</u>	ADDRESS <u></u>
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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 <u>Sudden</u> <u>Don't Know</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infected Tonsils & Adenoids</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5101</u>			

19a. DATE OF OPERATION <u>10-23-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tonsillectomy & Adenectomy (Infection of Sinus)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from Oct. 23, 1951, to Oct. 23, 1951, that I last saw the deceased alive on Oct. 23, 1951, and that death occurred at 7:45A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter H. Madison, M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>Oct. 24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 26 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Saline, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 25, 1951</u>	REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond C. ...</u>	ADDRESS <u>Marshall</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number 100-23-155

Date Filed _____

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 7550

P. O. Address Washburn 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 this body is not embalmed, fact should be so stated above.