

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JAN 11 1949

BIRTH NO. 48-78881 REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4182 Registrar's No. 21

362

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC</u>		c. LENGTH OF STAY (in this place) <u>1</u> <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>---</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>4</u> <u>1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Nov 3, 1948</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months Days IF UNDER 6 MOS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>PACIFIC, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>HARRY BROOKS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROSE</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARRY BROOKS</u> ADDRESS <u>PACIFIC, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic Arteriosclerosis</u>	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>---</u>			
	DUE TO (c) <u>---</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H9D</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1/9, 1949 to 1/9, 1949, that I last saw the deceased alive on 1-4, 1949, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mary B. Gross</u>		23b. ADDRESS <u>PACIFIC, MO.</u>	23c. DATE SIGNED <u>1-4-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PACIFIC NEGRO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PACIFIC MO.</u>
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DATE REC'D BY LOCAL REG. <u>1/4/49</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Schieber</u>	ADDRESS <u>Pacific, Mo.</u>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>NOT</sup> was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Joe L. Sheehan*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3208

P. O. Address PACIFIC, 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.