

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8925**
Registrar's No. **25**

53

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Creek		c. LENGTH OF STAY (in this place) Rock Township ENTIRE LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Creek		Rock Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION OWN HOME / Rock Creek - Mo.				d. STREET ADDRESS (If rural, give location) 2 MI E of HIGH RIDGE - Mo			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) C.		c. (Last) BROOK		4. DATE OF DEATH (Month) (Day) (Year) MARCH 17-1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 22-1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 1 HR. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) Rock Creek Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JACOB BECKER			13b. MOTHER'S MAIDEN NAME MARY DIEHL		14. NAME OF HUSBAND OR WIFE FRANK BROOK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Frank Brook ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES DUE TO (b) ascites DUE TO (c) Valvular Heart Disease dilated Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none		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 Aug. 1945 , to March 1949 , that I last saw the deceased alive on 3-12 , 1949, and that death occurred at 6:40 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Elwin B. Smith M.D. (Degree or title)				23b. ADDRESS 3258 Lake City Station Mo		23c. DATE SIGNED 3-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 19-1949		24c. NAME OF CEMETERY OR CREMATORY ST JOHN'S-CEM.		24d. LOCATION (City, town, or county) (State) Rock Creek Jeff Co. - Mo.	
DATE REC'D BY LOCAL REG. Mar 19-49		REGISTRAR'S SIGNATURE Philip J. Hook		25. FUNERAL DIRECTOR'S SIGNATURE John D. Summer		ADDRESS House Springs	

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

Date Filed MAR 28 1949

District File Number

DISTRICT HEALTH OFFICE NO. 9

RECEIVED

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.

Signed _____

[Handwritten Signature]

Licensed Embalmer No. _____

Signed _____
Student Embalmer

P. O. Address *Home Spring Ma*

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.