

FILED DEC 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 39873

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 N 3rd ST.</u>				d. STREET ADDRESS (If rural, give location) <u>205 N 3rd ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		a. (First)		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>ALSO BROOK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 2 '49</u>		5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1/18/1897</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAISCO LINE</u>		11. BIRTHPLACE (State or foreign country) <u>NEW ALBANY INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>YES - U.S.</u>	
13a. FATHER'S NAME <u>WILLIAM Joseph ALS-BROOK</u>		13b. MOTHER'S MAIDEN NAME <u>JULIE ALS BROOK</u>		14. NAME OF HUSBAND OR WIFE <u>AUDRA ALSO BROOK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>702-09-2882</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Ansell</u>		ADDRESS <u>3106 Oak Ch.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>ACUTE CIRCULATORY FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INSUFFICIENCY</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4221</u>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>DEC 2, 1949</u> , to <u>DEC 2, 1949</u> , that I last saw the deceased alive on <u>DEC 2, 1949</u> , and that death occurred at <u>6:32 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Francis J. Orlowski D.O.</u>				23b. ADDRESS <u>2095 Main ST. Chaffee, Mo.</u>		23c. DATE SIGNED <u>12/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/3/49</u>		REGISTRAR'S SIGNATURE <u>H.B. MacCready</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dispositor to the Funeral Home - Chaffee, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 5 194

District Health Office No.

District File Number 1249-13

Date Filed

DEC 16 1949

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

Jack I. Summitt

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.