

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40896**
Registrar's No. **159**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5480		Registrar's No. 159	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Trenton Twp.)		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Trenton Twp		d. STREET ADDRESS (If rural, give location) R7D # 3 Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION R7D # 3 Trenton							
3. NAME OF DECEASED a. (First) Woodson Brooks			b. (Middle) CASEBEER			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 11-13-49		5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH Dec. 3, 1918		9. AGE (in years last birthday) 30		IF UNDER 1 YEAR Months 11 Days 10		IF UNDER 11 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM			11. BIRTHPLACE (State or foreign country) Grundy County Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME WILBUR CASEBEER		13b. MOTHER'S MAIDEN NAME CECILE BROOKS		13. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 474-32-4307		17. INFORMANT'S SIGNATURE OR NAME W. S. Casebeer ADDRESS R7D # 3 Trenton			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound Abdomen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -				INTERVAL BETWEEN ONSET AND DEATH 89175 19	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) TRENTON TOWNSHIP Grundy Mo		21f. HOW DID INJURY OCCUR? DO NOT KNOW 040	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 13 1949 -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from 11-13 , 1949, to as a coroner , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. S. Casebeer		23b. ADDRESS Trenton Mo		23c. DATE SIGNED 11-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-49		24c. NAME OF CEMETERY OR CREMATORY Grundy		24d. LOCATION (City, town, or county) (State) Trenton Mo	
DATE REC'D BY LOCAL REG. 11-18-49		REGISTRAR'S SIGNATURE Dorine Fair		25. FUNERAL DIRECTOR'S SIGNATURE Raymond Davis ADDRESS Trenton MO			

(Licensed Embalmer's Statement of Reverse Side)

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

4000



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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed

Raymond A. Dennis

Licensed Embalmer No. 3424

Signed.....
Student Embalmer

P. O. Address Jrenton 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.