

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Jan 1 - 8 5247  
State File No. ....

BIRTH NO. 29911-49 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 25

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Brooks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-5-1950</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>May 1 1949</b>	9. AGE (In years last birthday) <b>8</b> IF UNDER 1 YEAR Months <b>4</b> IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Roy Brooks</b>	13b. MOTHER'S MAIDEN NAME <b>Ruby Marie Penton</b>	14. 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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruby Penton Salisbury Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bunches Pneumonia</b>	DUE TO (b) _____		<b>480X</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Influenza</b>			<b>10da</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>T</b>	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)
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 **1-4**, 19**50**, to **1-5**, 19**50**, that I last saw the deceased alive on **1-4**, 19**50**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Shaw</b>	23b. ADDRESS <b>Salisbury Mo</b>	23c. DATE SIGNED <b>1-6-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-6-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salisbury Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-6-50</b>	REGISTRAR'S SIGNATURE <b>W. H. Shaw</b>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. B. Winkelmeyer Salisbury Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

210

RECEIVED JAN 9 1950  
District Health Officer No. 8,

District File Number.....

Date Filed 1-11-50

**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 Geo W Winkelman

Licensed Embalmer No. 2125

P. O. Address Salisbury

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.