

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9700**

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 580L Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>Rural Washington Township</u>		c. CITY OR TOWN <u>Rural Washington Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles So. of Lakenan, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles So. of Lakenan Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u>		b. (Middle) <u>Brooks</u>	
c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2 1857</u>
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>10</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>William Brooks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Guggis L. Lakenan</u> ADDRESS <u>Lakenan Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac degeneration and chronic conditions of age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 <u>2-9 1950</u> to <u>3-11 1950</u> , that I last saw the deceased alive on <u>3-11 1950</u> , and that death occurred at <u>8:35 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Nellie G. Christman</u> (Degree or title) _____		23b. ADDRESS <u>Lakenan, Mo.</u>	
23c. DATE SIGNED <u>3-11-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 14 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MITCHELL Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Hannibal, Mo.</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>3-16-50</u>		REGISTRAR'S SIGNATURE <u>Anna Marguel Burditt</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

690

RECEIVED MAR 22 1950
District Health Officer No.
District File Number 3-27-50
Date Filed MAR 22 1950

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 Michael J. O'Donnell
Licensed Embalmer No. 3246
P. O. Address Holland Ms

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.