FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6130 22920

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kingston twp
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Mrs Claud Barnes

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kingston twp
d. STREET ADDRESS (If rural, give location) No street address.

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes
b. (Middle) Jane
c. (Last) Brooks

4. DATE OF DEATH (Month) (Day) (Year) July 4 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 31, 1872
9. AGE (In years last birthday) 78 Months 5 Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (Stay or foreign country) Carrollton Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Lauck
13b. MOTHER'S MAIDEN NAME Martha Conner
14. NAME OF HUSBAND OR WIFE Frank E. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Claud Barnes ADDRESS Hamilton Mo

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	1) Angina Pectoris	Hamilton
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	2) Arteriosclerosis	
DUE TO (c)	Generalized	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	3) Arthritis	4 20

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* July 4, 1950, *that I last saw the deceased alive on* July 2, 1950, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. O. Kines (Degree or title) MD
23b. ADDRESS Cameron, Mo
23c. DATE SIGNED 7-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Cereal
24b. DATE July 6, 1950
24c. NAME OF CEMETERY OR CREMATORY Bogard Ch. Gion
24d. LOCATION (City, town, or county) Bogard (State) Mo

DATE REC'D BY LOCAL REG. July 11/50
REGISTRAR'S SIGNATURE Gladys Jones 37
25. FUNERAL DIRECTOR'S SIGNATURE Brown Funeral Home
ADDRESS Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 14 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 [signature]

Licensed Embalmer No. 3052

P. O. Address Hamilton 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.