No. 300
10.48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25755

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 4482 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Memphis
c. LENGTH OF STAY (in this place) 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Memphis
d. STREET ADDRESS (If rural, give location) Community Home

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edgar c. (Last) Brookhart
4. DATE OF DEATH (Month) (Day) (Year) June 12-50
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Aug 24-1884
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 9 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Arbela Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chas L. Brookhart
13b. MOTHER'S MAIDEN NAME Jane Roberts
14. NAME OF HUSBAND OR WIFE Cynthia Brookhart
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. Yes
17. INFORMANT'S SIGNATURE OR NAME F. W. Brookhart ADDRESS Arbela 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyloid Degeneration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of the liver
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: 27 rs
2891

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* June 10, 1948, *to* June 12, 1950, *that I last saw the deceased alive on* June 12, 1950, *and that death occurred at* 4.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. W. Keethler (Degree or title)
23b. ADDRESS Memphis Mo
23c. DATE SIGNED 6-12-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 13-50
24c. NAME OF CEMETERY OR CREMATORY Cantril
24d. LOCATION (City, town, or county) (State) Cantril Ia
DATE REC'D BY LOCAL REG. June 12, 1950
REGISTRAR'S SIGNATURE P M Baker 407
25. FUNERAL DIRECTOR'S SIGNATURE Gerth & Baskett ADDRESS Memphis

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 7 1950
District Health Officer No. 10
District File Number 8-50-1274
Date Filed AUG 8 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 A. C. Geth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.