

No. 300
10.48

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

05070 27364
State File No. 443

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5616 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City, Colony, Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City, (Rural) Colony</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>4 miles North of Knox City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNON</u> b. (Middle) <u>Cleo</u> c. (Last) <u>BROOKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-2-1950</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June-1-1911</u>
9. AGE (In years last birthday) <u>39</u>		10. AGE (In years last birthday) <u>39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Huntsville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Ezra Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Parker Hayden</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>490-18-7883</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ezra Brooks - Knox City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted Shot Gun</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wound, in left side</u> DUE TO (c) <u>of Trachea, just above the left clavicle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>476 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knox City, (Colony) Missouri</u>		21d. TIME (Month) (Day) (Year) (Hour) (Injury) <u>Aug-2-1950, 6:30 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Shot Gun - Wound</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <u>Keith Hudson</u>		23b. ADDRESS <u>Edina Missouri</u>	
23c. DATE SIGNED <u>Aug-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City</u>	
24d. LOCATION (City, town, or county) (State) <u>Knox City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edina</u>	
DATE REC'D BY LOCAL REG. <u>Aug-7-1950</u>		REGISTRAR'S SIGNATURE <u>Will S. Nunn</u>	

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

SEP 30 1950

SEP 27 1950

RECEIVED AUG 12 1950
District Health Officer N
District File Number 8-50-13
Date Filed AUG 17 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missou

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.