

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27483

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5694</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MO.</u> b. COUNTY <u>DAVIESS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Chilliasthe Twp.</u>		c. LENGTH OF STAY (In this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JAMESPORT - TWP, 0310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTIE</u>		b. (Middle) <u>W.</u>		c. (Last) <u>BROOKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 11 1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>WH</u>		7. PREVIOUSLY MARRIED DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>FEB. 17, 1899</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMHAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>RIPLEY COUNTY MO.</u>	
11. BIRTHPLACE (State or foreign country) <u>RIPLEY COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>AM</u>		13a. FATHER'S NAME <u>UNKNOWN</u>			
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		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) <u>YES 1-13-1920 - 7-19-21</u>		16. SOCIAL SECURITY NO. <u>498-05-1842</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidentally killed trying to get truck out of road ditch</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to get truck out of road ditch</u> DUE TO (c) <u>Fell under truck of dual wheel</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pared over head fracturing cervical</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>rupture, bleed instantly</u>		E 8120		20. AUTOPSY? <u>15 059</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7 1/2 miles S.E. Chilliasthe twp</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <u>Livingston, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 11 1950 12m</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell under dual wheel on truck</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 on _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Russell Sr. D.</u> (Degree or title)				23b. ADDRESS <u>Chilliasthe twp</u>		23c. DATE SIGNED <u>8/11/50</u>	
24a. BURIAL (Specify) <u>n</u>		24b. DATE <u>8-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILSON</u>		24d. LOCATION (City, town, or county) (State) <u>RIPLEY CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 11 1950</u>		REGISTRAR'S SIGNATURE <u>Frances B Neel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hollis Richardson</u>		ADDRESS <u>Jamesport Mo.</u>	

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SEP 26 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Ronald Jordan

Signed.....
Student Embalmer

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.