

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36063**
Registrar's No. **208**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5035**

40

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

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SALING.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SALING. 0040	
c. LENGTH OF STAY (in this place) 32 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) ELIZABETH c. (Last) BROOKS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20-1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH Sept. 12-1875	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months 2 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wif.			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Marion Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.P.					

13a. FATHER'S NAME Martin Jones		13b. MOTHER'S MAIDEN NAME Sarah Newark		14. NAME OF HUSBAND OR WIFE William Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Wm M. Brooks - Clark - Mo	
				ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure			INTERVAL BETWEEN ONSET AND DEATH 30 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis of Liver.			5 yr.
		DUE TO (c) Chr. Fibrous Bronchitis			20 yr. +
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			526X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1946**, 19____, to **1950**, 19____, that I last saw the deceased alive on **11/19/50**, 19____, and that death occurred at **2:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Blanche Neely (Degree or title)		23b. ADDRESS Sturgess Mo.		23c. DATE SIGNED 11/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 23-1950		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
		24d. LOCATION (City, town, or county) (State) MEXICO - Mo.			
DATE REC'D BY LOCAL REG. Nov 22-1950		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Barnes & Booth - Sturgess Mo	
				ADDRESS	

Date Received: NOV 28 1950
DISTRICT HEALTH OFFICE
District File Number //50
Date Filed: NOV 29 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 _____

Licensed Embalmer No. 4087

P. O. Address Sturgeon Mo.

Signed _____
Student Embalmer

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.