

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11246**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **4491** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diehlstadt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diehlstadt	
c. LENGTH OF STAY (in this place) 20 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION No street number or name		d. STREET ADDRESS (If rural, give location) no street name or number	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Sophia	c. (Last) Brooks	4. DATE OF DEATH (Month) (Day) (Year) March 5th, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Farmington, Mo	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME No record	13b. MOTHER'S MAIDEN NAME No record	14. NAME OF HUSBAND OR WIFE Henry Brooks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS (daughter) Mrs. Mary Burton, Diehlstadt, Mo
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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, asthma, 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) Acute atherosclerotic coronary disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **August 3, 1950**, to **5th March 1951**, that I last saw the deceased alive on **1/21/51**, and that death occurred at **11:55P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Tim D. Derroncaud, M.D.	23b. ADDRESS Charleston, Mo	23c. DATE SIGNED 3/7/1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/7/1951	24c. NAME OF CEMETERY OR CREMATORY Maynard Cemetery	24d. LOCATION (City, town, or county) (State) Diehlstadt, Mo (Rural)
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DATE REC'D BY LOCAL REG. MAR. 19 1951	REGISTRAR'S SIGNATURE Mrs. Ella Hurd	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nunneker Funeral Chapel, Charleston, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 16 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 351-69

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 John F. Funnick Jr.
Licensed Embalmer No. 3857
P. O. Address Charleston W. Va.

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.