

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15730

FILED MAY 17 1951

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007 Registrar's No. 199	
1. PLACE OF DEATH a. COUNTY <b>Butler Co</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <b>Poplar Bluff, Mo</b> )		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>0120</b> OR TOWN <b>Neelyville</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carlyn</b>		b. (Middle) <b>Sue</b>	c. (Last) <b>Brooks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 24 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>(1)</b>	8. DATE OF BIRTH <b>Feb 10. 1948</b>		9. AGE (In years last birthday) <b>3</b> IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Butler Co. U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Ezra Brooks</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Gimlin</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ezra Brooks</b> 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) <b>Lobar Pneumonia (Right Lower)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Glomerular Nephritis</b>				<b>14 days</b>
	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? <b>490X</b> YES <input type="checkbox"/> NO <input 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 _____, 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 <b>J. E. Donaldson</b> (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 26, 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kenzie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Butler Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>4/24/51</b>	REGISTRAR'S SIGNATURE <b>Wm. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Gish Funeral Home, Naylor, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

May 7-1951

RECEIVED

MAY 15 1951

MAY 15 1951

BUTLER CO. HEALTH CENTER

FILE NO. 551-203

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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

*Bryan McCord*

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.