

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34001

State File No.

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOEMANIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IN AMBULANCE EN ROUTE TO HICKMAN MILLS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u> <u>0117</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>IN AMBULANCE</u>		d. STREET ADDRESS (If rural, give location) <u>709 POWELL STREET</u>	

3. NAME OF DECEASED a. (First) <u>SCOTT</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>HOLBROOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 31 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 19 - 1885</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOTTLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GOETZ BREWING</u>		11. BIRTHPLACE (State or foreign country) <u>NEBRASKA CITY NEBRASKA</u>	
13a. FATHER'S NAME <u>LINCOLN HOLBROOK</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WILLIAMS</u>		
14. NAME OF HUSBAND OR WIFE <u>MRS. EMMA HOLBROOK</u>			17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA HOLBROOK</u> ADDRESS <u>709 POWELL STREET ST. JOSEPH, MO</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>505-10-4630A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous Primary Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) m.		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 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Miss M. P. Currier, Coroner</u> (Degree or title)		23b. ADDRESS <u>1139 1/2 N. Blvd.</u>		23c. DATE SIGNED <u>11-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 2 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY KANSAS CITY MISSOURI</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Annie P. Hedges</u> ADDRESS <u>1316 W. Lawrence's Sons, Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/2/51</u>		REGISTRAR'S SIGNATURE			

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

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NOV 7 1952

DEC 9 1952

JUL 22 1952

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 R. Sidman

Licensed Embalmer No. 4531

P. O. Address. Kansas City, 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.