

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36102

State File No.

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6137 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Star Route, Winona Mo</u>		c. LENGTH OF STAY (in this place) <u>10 YRS.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Star Route Winona Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Winona Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hum 19 Six Hts. So. Winona, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18 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>Oct 3 1874</u>		9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months <u>15</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>AIAGONA, IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>CHARINDA A. AIGER</u>		14. NAME OF HUSBAND OR WIFE <u>MARZELLA BROOKS</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-14-5898</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARZELLA BROOKS, St. Rt. Winona</u>	
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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 <u>10 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u>					
		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"/>	
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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) <u>593X</u>	
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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 June 1951, to Oct 18 1951, that I last saw the deceased alive on Oct 15 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>21 Winona Mo</u>		23c. DATE SIGNED <u>Oct 23 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-27-51</u>		REGISTRAR'S SIGNATURE <u>Malcolm Bellman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton C. McSpadden Van Buren Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Allen C. [Signature]

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.