

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43895

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6262 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WEST DALLAS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WEST DALLAS	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) OTTO BROOKS			4. DATE OF DEATH DEC 15 1951		
a. (First)	b. (Middle)		c. (Last)		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR 2 1877		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) ROGERSVILLE MO R30		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W.P. BROOKS		13b. MOTHER'S MAIDEN NAME MARTHA ANDRIDGE		14. NAME OF HUSBAND OR WIFE ESSIE BROOKS	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ESSIE BROOKS ROGERSVILLE RA 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis - Coronary Occlusion, Aorta ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vascular Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 yrs - 1/2 minute Over 5 yrs Over 5 yrs.	
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 260X		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) (Min.) _____	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 **Oct. 3, 1948**, to **Dec. 15, 1951**, that I last saw the deceased alive on **Nov. -, 1951**, and that death occurred at **3:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.R. Macdonnell, M.D.	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 12/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-1951	24c. NAME OF CEMETERY OR CREMATORY MD OLIVE	24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO
DATE REC'D BY LOCAL REG. 12-20-51	REGISTRAR'S SIGNATURE Lester W. Good	25. FUNERAL DIRECTOR'S SIGNATURE BARBER-BARTO ADDRESS MARSHFIELD	

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

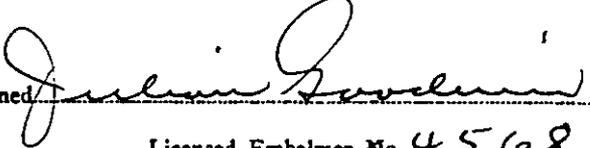
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4568

P. O. Address Springfield, Me

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.