

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 828BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Summit</u>	
c. LENGTH OF STAY (in this place) <u>31 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>At Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>ELMER ORVILLE BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1952</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>Aug. 2, 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l. Mdse.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Gardner Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Olive Brooks</u>			
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>494-22-8120</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.O. Brooks, Gray Summit, Mo.</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of the</u>		DUPLICATE WITH METASTASIS		2	
		ANTECEDENT CAUSES		DUE TO (b) <u>of the liver</u>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>PERNICIOUS ANEMIA 1935</u>			
		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 <u>153X</u>				20. AUTOPSY? 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) (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 May 19 1935, to 10 JAN, 1952, that I last saw the deceased alive on 19 JAN, 1952, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. McQueen M.D.</u> (Degree or title)		23b. ADDRESS <u>Pacific</u>		23c. DATE SIGNED <u>1-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brusch Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gray Summit, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 12, 1952</u>		REGISTRAR'S SIGNATURE <u>Mary B. Cross 94</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Shickel</u>		ADDRESS <u>Pacific Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

360
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FILED JAN 21 1952

VS DEC 27 1900

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 Geo. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Paige, 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.