

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **13647**

10.48
MAY 3 - 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **5815** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hawcreek Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hawcreek Twp.	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 6 miles east Stover	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 miles east Stover		d. STREET ADDRESS (If rural, give location) 6 miles east Stover	

3. NAME OF DECEASED (Type or Print) a. (First) Wm. b. (Middle) Mason c. (Last) Brook			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1886		9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 66 1 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano Tuner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Newton, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Oliver Brook	13b. MOTHER'S MAIDEN NAME Louella Downs	14. NAME OF HUSBAND OR WIFE Fern Brook
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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) no	16. SOCIAL SECURITY NO. 720-09-2035	17. INFORMANT'S SIGNATURE OR NAME Fern Brook	ADDRESS Versailles, Mo.
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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 10 months (known)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas		
	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 Carcinoma of pancreas - advanced.	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) 157x
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 July 1, 1951, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 1:55 Am., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Jack Grimm M.D.	22b. ADDRESS Versailles, Mo.	22c. DATE SIGNED 5-3-52
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24a. BURIAL, CREMATION/REMOVAL (Specify) Burial	24b. DATE May 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles Missouri
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DATE REC'D BY LOCAL REG. May 3rd 1952	REGISTRAR'S SIGNATURE Mrs. L. Rippey	25. GENERAL BENEVOLENT SOCIETY'S SIGNATURE G. L. Steverson	ADDRESS Stover, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7387 116 11/11

MAY 8 1957

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

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.