

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21581

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6035</u>		Registrar's No. <u>302</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jordan</u>		c. LENGTH OF STAY (in this place) <u>5 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jordan Twp. - U</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. N. of Doniphan Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Mi. N. of Doniphan Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. N. of Doniphan Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luis</u> b. (Middle) <u>Jewell</u> c. (Last) <u>Brooks.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1952</u>				
5. SEX <u>Male. D</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married. 1</u>		8. DATE OF BIRTH <u>April 9, 1922.</u>	
9. AGE (In years last birthday) <u>30.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber worker.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Forestry.</u>		11. BIRTHPLACE (State or foreign country) <u>Doniphan, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. B.</u>	
13a. FATHER'S NAME <u>Wesley Brooks.</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta McDowell.</u>		14. NAME OF HUSBAND OR WIFE <u>Elnora Brooks.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War II.</u>		16. SOCIAL SECURITY NO. <u>500-18-7548</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elnora Brooks, Doniphan 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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck by Lightning.</u>					<u>1 1/2 hrs</u>
		ANTECEDENT CAUSES					
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9350</u> <u>22</u>					
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jordan. Ripley Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 30, 1952. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>091</u>			
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 <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. M. Davies - Sheriff - acting Coroner.</u>				23b. ADDRESS <u>Doniphan Mo.</u>		23c. DATE SIGNED <u>7-1-52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial. 11</u>		24b. DATE <u>July 2, 1952.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery, Ripley County, Missouri.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-2-52</u>		REGISTRAR'S SIGNATURE <u>W. M. Davies</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means, Doniphan Mo.</u> ADDRESS _____			

OCT 1 0 1952

JUN 4 1958

JUL 29 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 Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.