

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

451
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| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Fayette</u> TOWN | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Armstrong</u> TOWN | |
| c. LENGTH OF STAY (In this place) <u>8 hrs</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Farris</u> | b. (Middle) <u>David</u> | c. (Last) <u>Brooks</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1952</u> |
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| 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>Mar. 31, 1905</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 1 YEAR <u>3</u> Months | IF UNDER 24 HOURS <u>17</u> Hours | IF UNDER 24 HOURS <u>17</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>G.M.&O. Railroad</u> | 11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u> | 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James H. Brooks</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Kirby</u> | 14. NAME OF HUSBAND OR WIFE <u>Katherine Swetnam</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 NUMBER <u>489-22-9335</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Farris D. Brooks Armstrong, MO</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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound of Head</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. <u>E976X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Armstrong Howard MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-24-1952</u> | 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 7-20-52, to 7-24-52, that I last saw the deceased alive on 7-24-52, and that death occurred at 6:44 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. B. Bloom</u> | (Degree or title) | 23b. ADDRESS <u>Fayette, Mo</u> | 23c. DATE SIGNED <u>7-25-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/26/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Armstrong City Cemetery Armstrong,</u> | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>7-26-52</u> | REGISTRAR'S SIGNATURE <u>Mary T. Shells</u> | 436 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Carr</u> | ADDRESS <u>Fayette, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1 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 _____

Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.