

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32104

1512

DOCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) rural; Columbus township	
c. LENGTH OF STAY (in this place) 29yrs		d. STREET ADDRESS (If rural, give location) R. F. D. Centerview, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center			
3. NAME OF DECEASED (Type or Print) a. (First) Helen Violet		b. (Middle) Brookshier.	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 21 June 1913
9. AGE (In years last birthday) 39		if UNDER 1 YEAR Months	if UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory.	11. BIRTHPLACE (State or foreign country) Devils Lake, N. D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Guy Cunningham		13b. MOTHER'S MAIDEN NAME Adda	
14. NAME OF HUSBAND OR WIFE Tom Brookshier.			
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. 500-34-3353	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jim Brookshier, Centerview, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma of Brain INTERVAL BETWEEN ONSET AND DEATH 6 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanoma of Axilla 4 months 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		190X	
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 8-22 , 19 52 , to 9-25 , 19 52 , that I last saw the deceased alive on 9-25 , 19 52 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS	
23c. DATE SIGNED 9-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 29, Sept. 1952	
24c. NAME OF CEMETERY OR CREMATORY Centerview		24d. LOCATION (City, town, or county) (State) Centerview, MO.	
DATE REC'D BY LOCAL REG. Sept. 29, 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		ADDRESS Warrensburg, MO.	

RECEIVED
OCT 6 - 1952
JOHNSON COUNTY HEALTH DEPT.

APR 30 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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. D. Phillips

Signed
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.