

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38143

State File No.

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lock Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lock Springs	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) ---	
3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) Edwin c. (Last) Brookshier		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1952	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23 1874
9. AGE (In years last birthday) 77		10. MONTHS 7	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Daviess County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LeRoy Brookshier	
13b. MOTHER'S MAIDEN NAME Mary Patterson		14. NAME OF HUSBAND OR WIFE May 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. May Brookshier, Lock Spgs, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis about 20 yrs 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 410X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 21, 1857, to Dec 4, 1952 , that I last saw the deceased alive on Dec 4, 1952 , and that death occurred at 1:35A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Wm. C. ... M.D.		23b. ADDRESS Chandler Mo	
23c. DATE SIGNED 12-6-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-7-1952		24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cemetery	
24d. LOCATION (City, town, or county) (State) Lock Springs, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE L.O. ...	
25. ADDRESS Hope Funeral Home, Gallatin, Mo.		DATE REC'D BY LOCAL REG. 12-13-52	
REGISTRAR'S SIGNATURE Virginia M. Engelhart		81-0	

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

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STATEMENT BY LICENSED EMBALMER

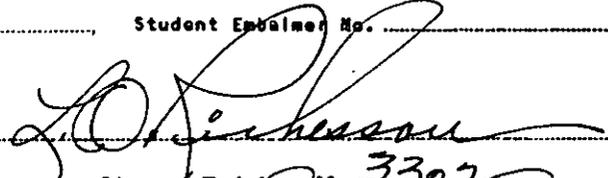
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3307

P. O. Address Fall River, Ma.

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.