No. 300
10.48

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39205

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 56

0502

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808 Blow St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto 0502
d. STREET ADDRESS (If rural, give location): 808 Blow St.

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Michael
c. (Last): Brooks

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 13 1899
9. AGE (In years last birthday): 53
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): Edge TRIMMER
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg.
11. BIRTHPLACE (City and State or Foreign Country): Jefferson Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Brooks
13b. MOTHER'S MAIDEN NAME: Arah Patterson
14. NAME OF HUSBAND OR WIFE: Virginia Brucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-01-2042
17. INFORMANT'S SIGNATURE OR NAME: Raymond Brooks
ADDRESS: De Soto, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcer, at gastroenterostomy stoma, with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal ulcer — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis, due to coronary arteriosclerosis. — 8 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5410
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 1952, *to* Nov. 24, 1952, *that I last saw the deceased alive on* Nov. 24, 1952, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas A. Donnell (Degree or title): M.D.
23b. ADDRESS: DeSoto, Mo.
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-27-52
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): De Soto, Mo.

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Marie Farris
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathershead
ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED DEC 6 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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.