

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42661

State File No.

FILED JAN 3 1953

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 3030	Registrar's No. 945
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 104 Harrison, Lane		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Adam c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1952		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1879	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months - Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Preacher		10b. KIND OF BUSINESS OR INDUSTRY Methodist Church		11. BIRTHPLACE (State or foreign country) Bonnetta, La.
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John A Breasks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Amzonita
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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) <u>Acute cardiac dilatation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardiac Hypertrophy</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH 3 Mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 <u>Oct 20, 1952</u> to <u>Dec 20, 1952</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>N. Gossett M.D.</u> (Degree or title)		23b. ADDRESS Festus, Missouri		23c. DATE SIGNED 12/26/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State) Festus, Mo.				
DATE REC'D BY LOCAL REG. 12/26/52		REGISTRAR'S SIGNATURE <u>Gentry R. Polittle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gentry R. Polittle Crystal City, Mo.</u>

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

DATE RECEIVED DEC 31 1952
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.
JAN 8 1953

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Paul D. Palitta*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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.