

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4690

FILED MAR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Scotland</b>	
b. CITY OR TOWN <b>KIRKSVILLE</b>		c. CITY OR TOWN <b>Memphis</b>	
c. LENGTH OF STAY (In this place) <b>5 da.</b>		0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Com. Nurs. Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EXMER</b> b. (Middle) <b>BROOKS</b> c. (Last) <b>BROOKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 1 53</b>		
5. SEX <b>M O</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>June 10 1884</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Days <b>1</b> IF UNDER 2 WEEKS Hours <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Scotland Co Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>

13a. FATHER'S NAME <b>John Brooks</b>		13b. MOTHER'S MAIDEN NAME <b>Mary FORQUER</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCIS (FORQUER) BROOKS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Egger Dalton</b> ADDRESS <b>Dalton 755 Washington St. Ash Grove, Mo</b>	

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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis</b>		DUE TO (b) <b>Thrombo Phlebitis (Leg Veins)</b>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Secondary Infection From Initial Stasis Dermatitis Right Leg &amp; Ankle</b>				<b>463X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Other conditions - Subacute Bacterial Endocarditis.</b>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 **2-24**, 19**53**, to **3-1**, 19**53**, that I last saw the deceased alive on **2-28**, 19**53**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23. SIGNATURE <b>David W. Bernhart</b> (Degree or title)		23b. ADDRESS <b>Kirkville, Mo</b>		23c. DATE SIGNED <b>3-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-5-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Plebe Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Belle Grove Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Barrett</b>		24f. ADDRESS <b>Memphis Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-8-53</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		1-0	

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

**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 Robert B. Davis .....

Licensed Embalmer No. 4219 .....

P. O. Address Pinckville 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.**