

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13568**

17102
FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chariton Twp. Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chariton Twp.</u>	
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Shannondale 0210</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Shannondale</u>			

3. NAME OF DECEASED (Type or Print) A. (First) <u>Herman</u> b. (Middle) <u>Edward</u> c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21, 1953</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Mar. 23, 1953</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>28</u> IF UNDER 2 HRS. Hours <u>0</u> Mins. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>			11. BIRTHPLACE (City and State, or Foreign Country) <u>The Cornick Hosp. Moberly Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Herman Keeting</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Penton</u>		14. NAME OF HUSBAND OR WIFE <u>Infants</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Infant</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herman Keeting</u> ADDRESS <u>Salisbury</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tobac pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 da.</u>	
		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"/>	
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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) <u>7630</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from 4-20, 1953, to 4-21, 1953, that I last saw the deceased alive on 4-21, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Centerville, Mo</u>		23c. DATE SIGNED <u>4/25/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>		24d. LOCATION (City, town, or county) (State) <u>Shannondale Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/24/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Glasgow Mo.</u>	
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WRITE PLAINLY—USING UNFADEING 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

D. D. Simonoff

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.