

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13839**
Registrar's No. **375**

FILED APR 20 1953 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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

1. PLACE OF DEATH a. COUNTY Missouri		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Greene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0.396		d. STREET ADDRESS (If rural, give location) 119 W. High 0	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) HOWARD c. (Last) BROOKS			4. DATE OF DEATH (Month) (Day) (Year) April 10 1953			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 20 April 1886		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Dave Brooks	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertie Brooks		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Bertie Brooks		ADDRESS Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease 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 2-18-53 4-10-53			
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. @ a of Liver						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19b. MAJOR FINDINGS OF OPERATION		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) 4201 H					
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 2-18-1953 , to 4-10-1953 , that I last saw the deceased alive on 4-10-1953 , and that death occurred at 11:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE @ E Zeller M D O (Degree or title)		23b. ADDRESS 609 Cherry Springfield Mo.		23c. DATE SIGNED 4-11-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL					
24b. DATE 4-12-53		24c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) POLK COUNTY Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO. ADDRESS Springfield, Mo.					
DATE RECD BY LOCAL REG. 4-14-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO. ADDRESS Springfield, Mo.							

APR 22 1953

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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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.