No. 300
10.48

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18699

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Marion

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (in this place) 2Mos.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal 0644

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Davis Rest Home 1125 Lyon

d. STREET ADDRESS (If rural, give location) 1103 Lyon St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) (N) c. (Last) Brooks

4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 25, 1860
9. AGE (In years last birthday) 82 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (City and State or Foreign Country) Chariton Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Geroge Colson
13b. MOTHER'S MAIDEN NAME Julia Stuck
14. NAME OF HUSBAND OR WIFE Jacob W. Brooks -Deceased

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. -- -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gordon Suhler - Hannibal, 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) pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cong. heart failure — 1 week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic heart disease — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4341
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) Hannibal Marion Mo

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* 2/20/53, 19___, *to* 5/7/53, 19___, *that I last saw the deceased alive on* 5/7/53, 19___, *and that death occurred at* 1200PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J H Wartuschewski M. D.
23b. ADDRESS Hannibal Mo.
23c. DATE SIGNED 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-10-1953
24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery
24d. LOCATION (City, town, or county) (State) Huntsville, Mo.

DATE REC'D BY LOCAL REG. 5-14-53
REGISTRAR'S SIGNATURE Dr. E M Lucke By W C Fisher 1891
25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 18 1953
MARION CO. HEALTH DEPT.
DATE FILED MAY 18 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph C. Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.