V.S. No. 300
Rev. 10.48

FILED AUG 6 - 1953
XC 249 70 68
REG# 111794

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27267

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2025

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 18 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS
c. CITY OR TOWN: VIDA
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Route #3

0810

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) c. (Last) BROOKSHIRE
4. DATE OF DEATH (Month) (Day) (Year): 7-22-53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 1-11-73
9. AGE (In years last birthday): 80 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): PHELPS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: NATHAN BROOKSHIRE
13b. MOTHER'S MAIDEN NAME: MARY DUESE
14. NAME OF HUSBAND OR WIFE: DIVORCED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS, JEFF BRKS, MO. — ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE WITH HYPERTENSION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c) - - - - - - - - - - - - - - - -

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: 4200
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? - - - - - - - -

22. *I hereby certify that* VA *I attended the deceased from* 7-4, 19 53, *to* 7-22, 19 53, *and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Emmett D. Wall (Degree or title) M.D.
23b. ADDRESS: VET ADM HOSP., JEFF BRKS, MO.
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7-24-53
24c. NAME OF CEMETERY OR CREMATORY: UNK.
24d. LOCATION (City, town, or county) (State): ROLLA, MO.

DATE REC'D BY LOCAL REG.: 7-24-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: SOUTHERN FUNERAL HOME — ADDRESS: 6322 S. GRAND

521 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 1958

JUL 31 1959

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 ..... Signed David Van Fossen
Signature of Student Embalmer

Licensed Embalmer No. 424

P. O. Address 6322 So Grand

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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