

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32218

State File No.

FILED OCT 5 1953

3590
5590

Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590

0500

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL BIG RIVER TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL BIG RIVER TOWNSHIP	
c. LENGTH OF STAY (In this place) 2 1/2 YRS			
d. FULL NAME OF HOSPITAL OR INSTITUTION. OWN HOME		d. STREET ADDRESS (If rural, give location) MORSE MILL	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) BROOK c. (Last) BROOK			4. DATE OF DEATH (Month) (Day) (Year) SEPT - 16 - 1953		
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 11 - 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) HOUSE SPRINGS - MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK BROOK	13b. MOTHER'S MAIDEN NAME BLECHA	14. NAME OF HUSBAND OR WIFE MARGARET (MILLER) BROOK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME John Brook Morse Mill Mo.	ADDRESS ms.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Throat		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) 148 X (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE D. B. Edwards M.D. Corvallis	23b. ADDRESS Cedar Hill, Mo	23c. DATE SIGNED 9/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 19 - 1953	24c. NAME OF CEMETERY OR CREMATORY St Martin's Cem	24d. LOCATION (City, town, or county) (State) High Ridge - Mo
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DATE REC'D BY LOCAL REG. 9-18-53	REGISTRAR'S SIGNATURE Kathleen Maraden	25. FUNERAL DIRECTOR'S SIGNATURE Brimmer Funeral Home	ADDRESS House Springs, Mo
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP 17 1953

DATE RECEIVED OCT 2 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

Albert Mayfield

Licensed Embalmer No. *3077*

P. O. Address *St. Louis 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.