

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43734**BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **5831** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Franklin		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Franklin 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 1/2 miles west Fairview Mo	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Chester c. (Last) Brooks			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-1-1870
9. AGE (In years last birthday) 83		10. MONTHS 1	11. DAYS 18
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) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rufus Brooks	
13b. MOTHER'S MAIDEN NAME Sarah E. Montgomery		14. NAME OF HUSBAND OR WIFE Rebecca Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John Brooks		ADDRESS Fairview 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. above trouble 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 4211	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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 Feb , 1953, to Dec 19 , 1953 that I last saw the deceased alive on 12-10 , 1953, and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Leo D Freeman M.D.		23b. ADDRESS Purdy Mo. R.H.	
23c. DATE SIGNED 12-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21-53	
24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery		24d. LOCATION (City, town, or county) (State) Newton Mo	
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE Alpha Dyer 369	
25. FUNERAL DIRECTOR'S SIGNATURE W. Marie (Gene) Wheeler Mo.		ADDRESS	

RECEIVED

District Health Officer No. _____

District File Number 154-2

Date Filed 11/8/54

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.