

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1229**
325

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **325**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DAVIES			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN LOCKSPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 0310 / 1			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGIA b. (Middle) ANNA c. (Last) BROOKSHIER			4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1954		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH FEB. 25, 1873		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) LOCKSPRINGS, MO	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME R. K. DUNN		13b. MOTHER'S MAIDEN NAME SARAH LOUISE HALE	
14. NAME OF HUSBAND OR WIFE R. R. BROOKSHIER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME R. S. BROOKSHIER		18. ADDRESS 2021 ERIE			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Emphysema				INTERVAL BETWEEN ONSET AND DEATH month	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis				year	
DUE TO (c) Generalized arteriosclerosis				332X	
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"/>		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) 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 Jan 7, 1954 , to Jan 20, 1954 , that I last saw the deceased alive on Jan 24, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Robert H. Hodge (Degree or title) M.D.			23b. ADDRESS 329 E. Union St., North Hannibal, Mo.		23c. DATE SIGNED Jan 11, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-21-54		24c. NAME OF CEMETERY OR CREMATORY LOCKSPRINGS Cem	
24d. LOCATION (City, town, or county) (State) LOCKSPRINGS MO.		DATE REC'D BY LOCAL REG. 1-21-54		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMERS		ADDRESS 503 S. R. C.			

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

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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *450*

P. O. Address *R. E. 16*

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.