

23315

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

FILED JUL 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>234</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>4 WKS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>1411 MOFFET AVE. 0495</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AZRO</b> b. (Middle) <b>C.</b> c. (Last) <b>BROOKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 15, 1954</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 19, 1877</b>		9. AGE (In years last birthday) <b>76</b> 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) <b>SALESMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BROOKS SUPPLY CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BENTONVILLE, ARK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNK</b>			13b. MOTHER'S MAIDEN NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>MARY ELIZABETH BROOKS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS MARY E. BROOKS, 1411 MOFFET AVE.</b>			
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) <b>Cerebral Hemorrhages on 6-16-54 + 7-13-54</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial Degeneration</b> 2-3 yrs DUE TO (c) <b>generalized arteriosclerosis</b> 2-3 yrs  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>7-13-54</b> <b>2-3 yrs</b> <b>2-3 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>6-15-54</b> , 19____, to <b>7-15-54</b> , 19____, that I last saw the deceased alive on <b>7-15-54</b> , 19____, and that death occurred at <b>8:30 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter Howard MD</b>				23b. ADDRESS <b>MD, Tusco Bldg, Joplin Mo</b>		23c. DATE SIGNED <b>7/16/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>7-20-54</b>		REGISTRAR'S SIGNATURE <b>Walter Howard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 1954  
Jasper County Health Office  
County File Number 54-7-590  
Date Filed JUL 26 1954

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 F. M. Jones

Licensed Embalmer No. 231

P. O. Address Jasper, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.