

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26168
141

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>916 C. Railroad St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Andrew Co Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERT RUDÉ</u> b. (Middle) _____ c. (Last) <u>BROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13th 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Aug 15th 1915</u>		9. AGE (In years) (If under 1 year last birthday) Months Days <u>38</u>		10. IF UNDER 24 HRS. Hours Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrews Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Dollie Knuckles</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dollie Brooks, Mexico Mo.</u> ADDRESS _____	

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) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinomatous</u>		<u>3 MO</u>	
		DUE TO (c) <u>Cancer of ovary</u>		<u>9 MO</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>6/1/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <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 6/1/54, 1954, to 8/13/54, 1954, that I last saw the deceased alive on 8/3, 1954, and that death occurred at 10:2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Stacey</u> (Degree or title) _____		23b. ADDRESS <u>112 N. Clark Mexico Mo.</u>		23c. DATE SIGNED <u>11, 54</u>	
24a. BIRTH, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 17th 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker, Columbia Mo.</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>Aug 12-1954</u>		REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker, Columbia Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Stuart D. Parkes*.....

Licensed Embalmer No. *2901*

P. O. Address *Columbia*

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.