

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26468

State File No.

FILED AUG 16 1954

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>3057</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Alexander</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>		c. LENGTH OF STAY (If in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thebes Ill.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>				81209			
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First) <u>W.</u>		b. (Middle) <u>Brooks</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 54</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 4, 1885</u>		9. AGE (In years last birthday) <u>69</u>		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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Olive Branch Ill.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Brooks</u>			
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. <u>333-12-3960</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank A. Karcher</u> <u>Leavo 9th</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 wk</u>	
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)		4201	
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 <u>Aug 4, 1954</u> , to <u>Aug 6, 1954</u> , that I last saw the deceased alive on <u>Aug 6, 1954</u> , and that death occurred at <u>9:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Crowe M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>Aug 9, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Thebes Ill.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44-0 5. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Karcher</u>		ADDRESS <u>Leavo 9th</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5-3-5

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 Frank A. Karcher

Licensed Embalmer No. 2103

P. O. Address Laurel 24

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.