

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

FILED SEP 7 1954

State File No. **26677**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5339** Registrar's No. **54-69**

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ash Grove R. R. 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ash Grove</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 1/2 mi. W. of Ash Grove</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>REBECCA</b> b. (Middle) _____ c. (Last) <b>BROOKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 28, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>September 5-85</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Walnut Grove, Missouri</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>William De Graffenreid</b>		13b. MOTHER'S MAIDEN NAME <b>Julia House</b>		14. NAME OF HUSBAND OR WIFE <b>William Mack Brooks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wilma Moore--Ash Grove, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio Sclerosis</b>			
		DUE TO (c) <b>Hypertension</b>			
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) (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 **Aug 1, 1954**, to **Aug 28, 1954**, that I last saw the deceased alive on **Aug 27, 1954**, and that death occurred at **3:06a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. C. T. Steyer</b>		23b. ADDRESS <b>Ash Grove, Mo.</b>		23c. DATE SIGNED <b>8/28/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>John's Chapel Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Ash Grove, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9-4-54</b>		REGISTRAR'S SIGNATURE <b>J. C. Canada</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brim - Laurel - Ash Grove - Mo</b>	
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.