

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **68914**

BIRTH NO. _____		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 5815		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN							
b. CITY OR TOWN RURAL HAWCREEK		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN RURAL Hawcreek		d. STREET ADDRESS (If rural, give location) 4 Miles West of Versailles, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles West of Versailles											
3. NAME OF DECEASED (Type or Print) ELIZABETH			a. (First)		b. (Middle)		c. (Last) BROOKS				
4. DATE OF DEATH MARCH 15 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH February 18 1878		9. AGE (in years last birthday) 77		10. IF UNDER 1 YEAR 0 MONTHS 27 DAYS			
5. SEX FEMALE		6. COLOR OR RACE White		11. BIRTHPLACE (City and State or Foreign Country) Des Moines Iowa		12. CITIZEN OF WHAT COUNTRY? USA					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife			13a. FATHER'S NAME JOE MARKUM			13b. MOTHER'S MAIDEN NAME KATHERINE McCAMBRIDGE		
14. NAME OF HUSBAND OR WIFE Cornelius Pinkles Brooks			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 AUBREY Peoples ADDRESS Chilhowie, Mo.		
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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative heart disease DUE TO (c) hypertension								3 yrs unknown			
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? 443 X		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) _____		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 Feb 15, 1955 , to Mar 15, 1955 , that I last saw the deceased alive on Mar 14, 1955 , and that death occurred at 10:15 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE A J Gunn MD (Degree or title) 0						23b. ADDRESS Versailles MO			23c. DATE SIGNED 3/16/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) Versailles Missouri (State) _____					
DATE REC'D BY LOCAL REG. Mar 19, 1955		REGISTRAR'S SIGNATURE Wm L. Ruppberger		25. FUNERAL DIRECTOR'S SIGNATURE Sam R. Scoville ADDRESS Versailles, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Scriver

Licensed Embalmer No. 4880

P. O. Address Vermont, Md.

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.