

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14852**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **245**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau	c. LENGTH OF STAY (in this place) 77 yrs.	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann City Limits Country Club Drive		f. STREET ADDRESS (If rural, give location) Country Club Drive 016 1/2	

3. NAME OF DECEASED a. (First) ANNA	b. (Middle) G.	c. (Last) BROOKS	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 6	IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME William Gollither	13b. MOTHER'S MAIDEN NAME Nettie Poe	14. NAME OF HUSBAND OR WIFE Hardy O. Brooks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernie Greer	ADDRESS Cape Girardeau, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Nauseage		INTERVAL BETWEEN ONSET AND DEATH 2 da	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			Unknown
	DUE TO (c) 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331 X
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 **4-1**, 19**55**, to **6-8**, 19**55**, that I last saw the deceased alive on **6-7**, 19**55**, and that death occurred at **6:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE Larsen Redinger	(Degree or title) MD	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 6-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 6-9-55	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	ADDRESS Cape Gir., Mo.
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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.....
Signature of Student Embalmer

Signed *Virgil H. Welch*.....
Licensed Embalmer No. *410*

P. O. Address *Cape Fear*.....

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.