

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19681

59

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Pulaski.	
b. CITY (If outside corporate limits, write RURAL and give name of place) OR TOWN Waynesville, Mo		c. CITY OR TOWN Waynesville, Mo d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
c. LENGTH OF STAY (In this place) 10 yrs.		e. STREET ADDRESS (If rural, give location) Rural.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.			
3. NAME OF DECEASED (Type or Print) a. (First) George. b. (Middle) H. c. (Last) Brooks.		4. DATE OF DEATH Approx. (Day) (Year) June 21, 1955	
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.	8. DATE OF BIRTH June 16/1884
9. AGE (In years last birthday) 71.	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam fitter.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Unknown.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Martha Brooks.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT'S SIGNATURE OR NAME Papers found in his belongings. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7824 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 ☐ NO ☒	
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased on 6/26, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) County Coroner.	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 6/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/55	24c. NAME OF CEMETERY OR CREMATORY Hooker Cemetery	24d. LOCATION (City, town, or county) (State) Hooker, Missouri.
DATE REC'D BY LOCAL REG. 6-29-55	REGISTRAR'S SIGNATURE Paula Lynn Anderson	25. FUNERAL HOME SIGNATURE Hedges Funeral Home ADDRESS Waynesville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-29-55
Pulaski County Health Officer
File Number
Date Filed 7-2-55

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.. *NOT Embalmed*

Student
Signature of Student Embalmer

Signed *Clarence E. Moss*

Licensed Embalmer No. *489*

P. O. Address *W. Jefferson*

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.