

No. 300
10.48

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23150**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. LENGTH OF STAY (in this place) (township) 15 Months	c. CITY OR TOWN Edgar Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		STREET ADDRESS (If rural, give location) Rural	

0810

3. NAME OF DECEASED (Type or Print) a. (First) PARIS b. (Middle) CHITMAN c. (Last) BROOK (Brock)			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 6, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Doniphan County Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Brock	13b. MOTHER'S MAIDEN NAME Louise Dunning	14. NAME OF HUSBAND OR WIFE Celestel Brock (Deceased).
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME George Brock...Edgar Springs Mo., ADDRESS _____
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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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) menia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Prostatic hypertrophy		

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)
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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? 610X
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22. I hereby certify that I attended the deceased from **4-12-1955**, to **7-6-1955**, that I last saw the deceased alive on **7-5-1955**, and that death occurred at **4:30A** m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Fend (Degree or title) M.D.	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 7-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla Missouri
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DATE REC'D BY LOCAL REG. July 11, 1955	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home ADDRESS Rolla Mo.,
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(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.....
Signature of Student Embalmer

Signed *S. L. Hill*.....

Licensed Embalmer No. *339*.....

P. O. Address *Rolla*.....

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.