

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1955

State File No. 30169
Registrar's No. 310-3

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		State File No. <u>30169</u>		Registrar's No. <u>310-3</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinderhook</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>				d. STREET ADDRESS (If rural, give location) -----					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 21, 1879</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) -----		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John D. Chapman</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Brooks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. W. Brooks Kinderhook, Ill.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> 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"/>	
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 <u>2-8-52</u> , 19____, to <u>10-3-55</u> , 19____, that I last saw the deceased alive on <u>9-21-55</u> , 19____, and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. L. Green M.D.</u>				23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>				23c. DATE SIGNED <u>10-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinderhook</u>		24d. LOCATION (City, town, or county) (State) <u>Kinderhook, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>10-6-55</u>		REGISTRAR'S SIGNATURE <u>Debra M. Lusk</u>			199		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Crawford Hannibal Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 11 1955
MARION CO. HEALTH DEPT.
DATE FILED OCT 11 1955

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 _____

This body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address. Hammond, Mo

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.