

STANDARD CERTIFICATE OF DEATH

State File No. **30252**

FILED OCT 5 - 1955

0720

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

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5821** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) Big Prairie		c. LENGTH OF STAY (in this place) 73 Year	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 2 1/2 Miles S.E. Matthews	
3. NAME OF DECEASED (Type or Print) a. (First) Matthews b. (Middle) Gilbery c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Sent. 18, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1873
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HRS. 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) Wayne Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Geo Brooks	
13b. MOTHER'S MAIDEN NAME Beckie Bratcher		14. NAME OF HUSBAND OR WIFE Ada 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 Paul Brooks R#1, Matthews Mo		ADDRESS 	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Cerebral Thrombosis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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) _____		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 7-5 , 19 55 , to 9-18 , 19 55 , that I last saw the deceased alive on 9-18 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Sharon B. McClure M.D. Director. Mo.		23b. ADDRESS 	
23c. DATE SIGNED 9/24/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 20 Sept. 55		24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery	
24d. LOCATION (City, town, or county) (State) Matthews, Missouri		25. GENERAL DIRECTOR'S SIGNATURE Richard W. Holt Co. New Madrid Mo.	
DATE REC'D BY LOCAL REG. 29 Sept 55		REGISTRAR'S SIGNATURE Vernon L. Roberts Reg. 512	

(License Embalmer's Statement on Reverse Side)

DATE RECEIVED OCT 3 1955
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Tommy P. Roberts
Licensed Embalmer No. 488
P. O. Address New Ma

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.