

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35638**

FILED NOV 9 1955

BIRTH NO. _____		REG. DIST. NO. <u>925</u>		PRIMARY REG. DIST. NO. <u>4477</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glenwood</u>				c. CITY OR TOWN <u>Glenwood</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0900</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nancy</u>		b. (Middle) <u>Fillena</u>		c. (Last) <u>Brooks</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <u>W</u> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Oct. 7, 1859</u>		9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR <u>0</u> Months <u>29</u> Days		IF UNDER 18 HRS. <u>0</u> Hours <u>0</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Bodkins</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Brooks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Brooks</u> ADDRESS <u>Livonia, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Lungs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of left breast</u> DUE TO (c) <u>170X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 years</u>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 2</u> , 1955, to <u>Nov. 4</u> , 1955, that I last saw the deceased alive on <u>Nov. 3</u> , 1955, and that death occurred at <u>10:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. Stokes</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Sancaaster, Mo.</u>		23c. DATE SIGNED <u>Nov. 3, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 4 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 4, 55</u>		REGISTRAR'S SIGNATURE <u>Carroll Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Lusk</u> ADDRESS <u>Unionville, Mo.</u>			

(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.....

M. E. Husted

Licensed Embalmer No.

P. O. Address.....

33
Amosville

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.